Case 20-31117 Doc 1 Filed 04/17/20 Entered 04/17/20 18:39:59 Desc Main Document Page 1 of 55

| Fill in this information to identify your c | | |
|--|---|------------------------------------|
| United States Bankruptcy Court for the: DISTRICT OF MINNESOTA | | |
| Case number (if known): | Chapter you are filing under: Chapter 7 Chapter 11 Chapter 12 Chapter 13 | Check if this is an amended filing |

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

02/20

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together--called a joint case--and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Identify Yourself

| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): |
|----|---|--|--|
| 1. | Your full name | | |
| | Write the name that is on your government-issued picture identification (for example, your driver's license or passport). | COLETTE First Name M Middle Name | First Name Middle Name |
| | . , | BREITER | |
| | Bring your picture identification to your meeting | Last Name | Last Name |
| | with the trustee. | Suffix (Sr., Jr., II, III) | Suffix (Sr., Jr., II, III) |
| 2. | All other names you have used in the last 8 years | First Name | First Name |
| | Include your married or maiden names. | Middle Name Last Name | Middle Name Last Name |
| 3. | Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN) | xxx - xx - 4 9 7 7 OR 9xx - xx | xxx - xx |
| 4. | Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years | I have not used any business names or EINs. Business name | I have not used any business names or EINs. Business name |
| | Include trade names and doing business as names | Business name | Business name |

Case 20-31117 Doc 1 Filed 04/17/20 Entered 04/17/20 18:39:59 Desc Main Document Page 2 of 55

| Del | btor 1 COLETTE M B | BREITER | Case number (if known) | | |
|-----|---|--|---|--|--|
| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): | | |
| | | EIN | EIN | | |
| | | EIN — — — — — — — — | EIN | | |
| 5. | Where you live | | If Debtor 2 lives at a different address: | | |
| | | A7557 120TH ST Number Street | Number Street | | |
| | | BLUE EARTH MN 56013 | | | |
| | | City State ZIP Code Faribault | City State ZIP Code | | |
| | | County | County | | |
| | | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to you at this mailing address. | | |
| | | Number Street | Number Street | | |
| | | P.O. Box | P.O. Box | | |
| | | City State ZIP Code | City State ZIP Code | | |
| 6. | Why you are choosing | Check one: | Check one: | | |
| | this district to file for bankruptcy | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. | | |
| | | I have another reason. Explain. (See 28 U.S.C. § 1408.) | I have another reason. Explain. (See 28 U.S.C. § 1408.) | | |
| Р | Part 2: Tell the Cou | urt About Your Bankruptcy Case | | | |
| 7. | The chapter of the Bankruptcy Code you | Check one: (For a brief description of each, see for Bankruptcy (Form 2010)). Also, go to the top | Notice Required by 11 U.S.C. § 342(b) for Individuals Filing of page 1 and check the appropriate box. | | |
| | are choosing to file under | ⊘ Chapter 7 | | | |
| | under | ☐ Chapter 11 | | | |
| | | Charter 12 | | | |
| | | _ 0, , , , | | | |
| | | Chapter 13 | | | |

Case 20-31117 Doc 1 Filed 04/17/20 Entered 04/17/20 18:39:59 Desc Main Document Page 3 of 55

| Deb | otor 1 COLETTE M BREIT | ER | | Case number | (if known) | |
|-----|--|------------------|---|--|---|-----|
| 8. | How you will pay the fee | co pa | urt for more details about y with cash, cashier's che | how you may pay. Typically, if | neck with the clerk's office in your local you are paying the fee yourself, you mand rney is submitting your payment on you th a pre-printed address. | ay |
| | | | | stallments. If you choose this of Fee in Installments (Official Fo | ption, sign and attach the Application form 103A). | or |
| | | By tha fee | law, a judge may, but is an 150% of the official pore in installments). If you do | not required to, waive your fee, verty line that applies to your fa | tion only if you are filing for Chapter 7. and may do so only if your income is le mily size and you are unable to pay the out the Application to Have the Chapte petition. | ess |
| 9. | Have you filed for | ☑ No | | | | |
| | bankruptcy within the last 8 years? | ☐ Ye | S. | | | |
| | | District | | When | Case number | |
| | | District | | | ODD / YYYY | |
| | | District | | when | Case number | |
| | | District | | When | Case number | |
| 10. | Are any bankruptcy | ⋈ No | | IVIIVI | 71111 | |
| | cases pending or being | ☐ Ye | | | | |
| | filed by a spouse who is not filing this case with | Debtor | | | Relationship to you | |
| | you, or by a business partner, or by an | | | | | |
| | affiliate? | DISTRICT | | When MM | Case number, 'DD / YYYY if known | |
| | | Debtor | | | Relationship to you | |
| | | District | | | Case number, | |
| | | | | MM | DD / YYYY if known | |
| 11. | Do you rent your | ☑ No | . Go to line 12. | | | |
| | residence? | ☐ Ye | s. Has your landlord ob | tained an eviction judgment aga | inst you? | |
| | | | No. Go to line 1 | | | |
| | | | | tial Statement About an Evictior t of this bankruptcy petition. | Judgment Against You (Form 101A) | |

Case 20-31117 Doc 1 Filed 04/17/20 Entered 04/17/20 18:39:59 Desc Main Document Page 4 of 55

| Deb | otor 1 COLETTE M BREIT | LETTE M BREITER | | | Case number (if known) | | | |
|-----|---|-----------------|-------------------|--|---|-------------------------------|----------------------------|----------------------------------|
| P | Report About A | ny Bı | usine | sses You Own as | a Sole Proprietor | | | |
| 12. | Are you a sole proprietor of any full- or part-time business? | | | Go to Part 4. Name and location of t | pusiness | | | |
| | A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or | | | Name of business, if any Number Street | | | | |
| | LLC. If you have more than one sole proprietorship, use a separate sheet and attach it to this petition. | | | Health Care Bus Single Asset Rea Stockbroker (as | e box to describe your business: iness (as defined in 11 U.S.C. § al Estate (as defined in 11 U.S.C. defined in 11 U.S.C. § 101(53A) er (as defined in 11 U.S.C. § 10 | 101(27A)) C. § 101(51B) | ZIP Co | de |
| 13. | Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business | | set ap st rece | filing under Chapter 11, ppropriate deadlines. If nt balance sheet, stater | the court must know whether ye you indicate that you are a sma ment of operations, cash-flow sta ot exist, follow the procedure in | ll business d atement, and | ebtor, you federal in | must attach your come tax return |
| | debtor? | | No. | I am not filing under C | Chapter 11. | | | |
| | For a definition of small business debtor, see | | No. | I am filing under Chap the Bankruptcy Code. | oter 11, but I am NOT a small bu | isiness debto | or accordin | g to the definition in |
| | 11 U.S.C. § 101(51D). | | Yes. | • | oter 11, I am a small business de d I do not choose to proceed und | | - | |
| | | | Yes. | I am filing under Chapter 11, I am a small business debtor according to the definition in the Bankruptcy Code, and I choose to proceed under Subchapter V of Chapter 11. | | | | |
| Pa | art 4: Report If You O | wn o | r Hav | e Any Hazardous | Property or Any Property | y That Nee | eds Imm | ediate Attention |
| 14. | Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable | | No Yes. | What is the hazard? | | | | |
| | hazard to public health or safety? Or do you own any property that needs immediate attention? | | | If immediate attention | is needed, why is it needed? | | | |
| | For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs? | | | Where is the property | ? Number Street | | | |
| | | | | | 0.1 | | | 710.0 |
| | | | | | City | | State | ZIP Code |

Debtor 1 **COLETTE M BREITER** Case number (if known)

Explain Your Efforts to Receive a Briefing About Credit Counseling

15. Tell the court whether you have received a briefing about credit counseling.

Part 5:

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

You must check one: I received a briefing from an approved credit

About Debtor 1:

counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any,

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

Incapacity. I have a mental illness or a mental deficiency that makes me

incapable of realizing or making rational decisions about finances.

reasonably tried to do so.

 □ Disability. My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court. About Debtor 2 (Spouse Only in a Joint Case): You must check one:

 □ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

 □ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any,

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

Incapacity. I have a mental illness or a mental

deficiency that makes me incapable of realizing or making rational decisions about finances.

 □ Disability. My physical disability causes me to be unable to participate in a briefing in person, by phone, or

through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Case 20-31117 Doc 1 Filed 04/17/20 Entered 04/17/20 18:39:59 Desc Main Document Page 6 of 55

| Deb | otor 1 | COLETTE M BREIT | ER | | | | Case number (if | know | n) |
|-------------------------------------|--|--|-------|---|---|--------|--|--------|--|
| P | art 6: | Answer These C | Quest | ions foi | r Reporting Pu | rpos | ses | | |
| 16. What kind of debts do you have? | | | | 16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." No. Go to line 16b. ✓ Yes. Go to line 17. | | | | | |
| | | | 16b | money | - | | iness debts? Business debt ment or through the operation | | debts that you incurred to obtain e business or investment. |
| | | | 16c | State ti | he type of debts yo | ou owe | e that are not consumer or bus | siness | s debts. |
| 17. | Are you | u filing under r 7? | | No. I a | am not filing under | Chap | oter 7. Go to line 18. | | |
| | any exe exclude admini- are paid availab | estimate that after empt property is ed and strative expenses d that funds will be le for distribution ecured creditors? | ☑ | | dministrative exper | • | • | • | xempt property is excluded and to distribute to unsecured creditors? |
| 18. | | any creditors do timate that you | | 1-49 50-99 100-199 200-999 | | | 1,000-5,000 5,001-10,000 10,001-25,000 | | 25,001-50,000 50,001-100,000 More than 100,000 |
| 19. | | uch do you te your assets to th? | | \$100,00 | 000 -\$100,000 1-\$500,000 1-\$1 million | | \$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 million \$100,000,001-\$500 million | | \$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion |
| 20. | | uch do you te your liabilities to | | \$100,00 | 000 -\$100,000 1-\$500,000 1-\$1 million | | \$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 million \$100,000,001-\$500 million | | \$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion |

Case 20-31117 Doc 1 Filed 04/17/20 Entered 04/17/20 18:39:59 Desc Main Document Page 7 of 55

| Debtor 1 | COLETTE M BREI | TER | Case number (if known) | | | | |
|--|--|---|---|--|--|--|--|
| Part 7: | Sign Below | | | | | | |
| For you | | I have examined this petition, and I declare and correct. | under penalty of perjury that the information provided is true | | | | |
| | | • | n aware that I may proceed, if eligible, under Chapter 7, 11, 12, erstand the relief available under each chapter, and I choose to | | | | |
| | If no attorney represents me and I did not pay or agree to pay someone who is not an attofill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). | | | | | | |
| | | I request relief in accordance with the chap | er of title 11, United States Code, specified in this petition. | | | | |
| I understand making a f connection with a bankr | | • | cealing property, or obtaining money or property by fraud in It in fines up to \$250,000, or imprisonment for up to 20 years, 3571. | | | | |
| | | X /s/ COLETTE M BREITER | x | | | | |
| | | COLETTE M BREITER, Debtor 1 | Signature of Debtor 2 | | | | |
| | | Executed on <u>04/17/2020</u> MM / DD / YYYY | Executed on MM / DD / YYYY | | | | |

Case 20-31117 Doc 1 Filed 04/17/20 Entered 04/17/20 18:39:59 Desc Main Page 8 of 55 Document

| Debtor 1 COLETTE M BR | EITER | | Case number (if knowr | n) | | |
|--|--|---|-----------------------------|------------------------------|--|--|
| For your attorney, if you are represented by one f you are not represented by an attorney, you do not need to file this page. | eligibility to proceed un relief available under of the debtor(s) the notice | I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explain relief available under each chapter for which the person is eligible. I also certify that I have delivered the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applied certify that I have no knowledge after an inquiry that the information in the schedules filed with the price is incorrect. | | | | |
| | X /s/ Mark C. Halv Signature of Attorn | | Date | 04/17/2020 MM / DD / YYYY | | |
| | Mark C. Halvers | on | | | | |
| | Printed name | | | | | |
| | Halverson Law | Office | | | | |
| | Firm Name | | | | | |
| | 600 South Seco | | | | | |
| | P.O. Box 3544 | .c . | | | | |
| | 1.0. Box 3044 | | | | | |
| | Mankato | | MN | 56002 | | |
| | City | | State | ZIP Code | | |
| | Contact phone (5 | 07) 345-1535 | Email address halanl | aw@halverson.com | | |
| | 124217 | | MN | | | |
| | Bar number | | State | _ | | |

Case 20-31117 Doc 1 Filed 04/17/20 Entered 04/17/20 18:39:59 Desc Main Document Page 9 of 55

| Fill in this inf | ormation to id | dentify your case | and this filing: | | | | |
|---|-----------------------|-------------------------|----------------------|------------------------------------|----|--|--|
| Debtor 1 | COLETTE First Name | M Middle Name | BREITER Last Name | | | | |
| Debtor 2 (Spouse, if filing) | First Name | Middle Name | Last Name | | | | |
| United States Ba | nkruptcy Court for | the: DISTRICT OF | MINNESOTA | | | | |
| Case number (if known) | | | | Check if this is an amended filing | | | |
| Official Form | 106A/B | | | | | | |
| Schedule A | B: Property | / | | 12/ | 15 | | |
| In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. | | | | | | | |
| Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In | | | | | | | |
| 1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property? | | | | | | | |
| No. Go to Part 2.✓ Yes. Where is the property? | | | | | | | |

Case 20-31117 Doc 1 Filed 04/17/20 Entered 04/17/20 18:39:59 Desc Main Document Page 10 of 55

| Debtor 1 | COLETTE M BREITER | | Cas | se number (if known) | |
|--|--|--|---------|--|---|
| Blue Earth as: A trace 2, Section dry lake B Sections 2 North, Ran County, M particularl Commence of Section Range 26 Minnesota 54 minutes distance of | ad located at: 47557 120th St, n, MN and Legally described at of land in Government Lot 11, and in Lot "AW" of the ed of Ozah Tanka Lake, all in 2 and 11 of Township 102 nge 26 West, in Faribault linnesota, and more ly described as follows: sing at the Southwest corner 2, Township 102 North, West in Faribault County, a; thence North 89 degrees s 03 seconds east a of 1500.86 feet; thence South s 39 minutes 44 seconds | What is the property? Check all that apply. Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other Who has an interest in the proper Check one. Debtor 1 only Debtor 2 only Debtor 2 only | | Do not deduct secured claim amount of any secured claim. Creditors Who Have Claim. Current value of the entire property? \$111,000.00 Describe the nature of your interest (such as fee simple entireties, or a life estate). Fee Simple Check if this is commerciate (see instructions) | ims on Schedule D: s Secured by Property. Current value of the portion you own? \$111,000.00 ur ownership ole, tenancy by the ole, if known. |
| east a dist South 74 of second Eat thence No 59 second feet to the 2 of Section thence con 10 minutes centerline road a disi iron pipe s 6 degrees West a disi iron pipe s 88 degrees West a disi northerly of Government degrees 1 along the west line of distance of beginning public roa southerly tract. For the put the line joi southeast North, Rar bear north seconds e Said tract | tance of 344.92 feel thence degrees 54 minutes 05 ast a distance of 405.66 feet; orth 81 degrees 10 minutes is east a distance of 477.09 west line of Government Lot on 11 and point of beginning; ntinuing North 81 degrees, as 59 seconds East along the of the existing township tance of 378.05 feet to an survey marker; thence North 27 minutes 09 seconds stance of 539.94 feet to an survey marker, thence South as 08 minutes 23 second stance of 314.86 feet to the extension of the west line of ent Lot 2; thence South 0 minutes 32 seconds East, northerly extension of the of Government Lot 2 as of 584.25 feet to the point of a Subject to an easement for dway right-of-way along the line of the herein described arposes od this description, ining the southwest and a of Section 2, Township 102 ange 26 West is assumed to a 89 degrees 14 minutes 30 east. Contains 4.452 acres the aforementioned | Other information you wish to ad property identification number: | d about | this item, such as local 0501 & R08.011. | |
| Faribault County | .nu | | | | |

Case 20-31117 Doc 1 Filed 04/17/20 Entered 04/17/20 18:39:59 Desc Main Document Page 11 of 55

| Deb | Debtor 1 COLETTE M BREITER | | | Case number (if known) | | | |
|--|--------------------------------------|--|--|--|---|--|--|
| 2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here | | | | | | | |
| P | art 2: | Descri | be Your Vehicles | | | | |
| | | | | interest in any vehicles, whether they as a vehicle, also report it on Schedule G: Ex | _ | - | |
| 3. | | ans, truck | s, tractors, sport utility | vehicles, motorcycles | | | |
| | ☐ No ✓ Yes | 3 | | | | | |
| 3.1. Mak | ke: | | Harley Davidson Bil Soft Tail | Who has an interest in the property? Check one. Debtor 1 only | amount of any secured claim Creditors Who Have Claim | s Secured by Property. | |
| Yea | r: | | 2003 | Debtor 2 only Debtor 1 and Debtor 2 only | Current value of the entire property? | Current value of the portion you own? | |
| | | mileage: | 60,000 | At least one of the debtors and anoth | er \$2,500.00 | \$2,500.00 | |
| 200 | prox. 60 Waterc Exampl ✓ No | y Davids 0,000 mile raft, aircra es: Boats, | ft, motor homes, ATVs | Check if this is community propert (see instructions) and other recreational vehicles, other v I watercraft, fishing vessels, snowmobiles | ehicles, and accessories | | |
| 5. | ☐ Yes | | lue of the portion you o | wn for all of your entries from Part 2, in | cluding any | | |
| Э. | | | • • | Part 2. Write that number here | _ | \$2,500.00 | |
| P | art 3: | Descri | be Your Personal a | and Household Items | • | | |
| Do | you own | or have a | ny legal or equitable int | erest in any of the following items? | | Current value of the portion you own? Do not deduct secured claims or exemptions. | |
| 6. | | - | s and furnishings appliances, furniture, line | ens, china, kitchenware | | | |
| | ☐ No ✓ Yes | s. Describe | Household furni | ture (Very Old) | | \$300.00 | |
| 7. | Electro Example | es: Televi | | video, stereo, and digital equipment; comp vices including cell phones, cameras, me | | | |
| | ☐ No ✓ Yes | s. Describe | Old TV and crac | ked cell phone | | \$100.00 | |
| 8. | | | es and figurines; painting | gs, prints, or other artwork; books, pictures ollections; other collections, memorabilia, | | _ | |
| | | s. Describe | e | | | | |

Case 20-31117 Doc 1 Filed 04/17/20 Entered 04/17/20 18:39:59 Desc Main Document Page 12 of 55

| Deb | tor 1 COLETTE I | M BREITER Ca | se number (if known) |
|-----|--|--|---|
| 9. | | s and hobbies notographic, exercise, and other hobby equipment; bicycles, pool nd kayaks; carpentry tools; musical instruments | tables, golf clubs, skis; |
| | ✓ No ☐ Yes. Describe | | |
| 10. | • | les, shotguns, ammunition, and related equipment | |
| | ✓ No ☐ Yes. Describe | | |
| 11. | | clothes, furs, leather coats, designer wear, shoes, accessories | |
| | ☐ No ☐ Yes. Describe | Clothing | \$50.00 |
| 12. | Jewelry Examples: Everyday gold, silve | jewelry, costume jewelry, engagement rings, wedding rings, heirlo | pom jewelry, watches, gems, |
| | ☐ No ☑ Yes. Describe | Jewerly | \$50.00 |
| 13. | Non-farm animals Examples: Dogs, cate | s, birds, horses | |
| | ✓ No ☐ Yes. Describe | | |
| 14. | Any other personal a | and household items you did not already list, including any h | ealth aids you |
| | ✓ No ☐ Yes. Give specific information | | |
| 15. | | of all of your entries from Part 3, including any entries for pa Write the number here | |
| Pa | art 4: Describe | Your Financial Assets | |
| Doy | you own or have any | legal or equitable interest in any of the following? | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 16. | petition | u have in your wallet, in your home, in a safe deposit box, and on | hand when you file your |
| | ✓ No Yes | | Cash: |

Case 20-31117 Doc 1 Filed 04/17/20 Entered 04/17/20 18:39:59 Desc Main Document Page 13 of 55

| Deb | tor 1 COLETTE M BREITER | Case number (if known) | |
|-----|--|--|----------|
| 17. | | ner financial accounts; certificates of deposit; shares in credit unions, ther similar institutions. If you have multiple accounts with the same | |
| | ☐ No ☑ Yes | Institution name: | |
| | 17.1. Checking account: | Checking account | \$75.00 |
| 18. | Bonds, mutual funds, or publicly t | raded stocks accounts with brokerage firms, money market accounts | |
| | ✓ No YesInstitutio | | |
| 19. | Non-publicly traded stock and interact in an LLC, partnership, | rests in incorporated and unincorporated businesses, including and joint venture | |
| | ✓ No Yes. Give specific information about them | | |
| 20. | Government and corporate bonds Negotiable instruments include personal control of the control o | and other negotiable and non-negotiable instruments onal checks, cashiers' checks, promissory notes, and money orders. e you cannot transfer to someone by signing or delivering them. | |
| | No Yes. Give specific information about them Issuer n | ame: | |
| 21. | Retirement or pension accounts Examples: Interests in IRA, ERISA, profit-sharing plans | Keogh, 401(k), 403(b), thrift savings accounts, or other pension or | |
| | ✓ NoYes. List each account separately. Type of a | ccount: Institution name: | |
| 22. | | s u have made so that you may continue service or use from a company s, prepaid rent, public utilities (electric, gas, water), telecommunications | |
| | ✓ No ☐ Yes | Institution name or individual: | |
| 23. | | periodic payment of money to you, either for life or for a number of years) | |
| | ✓ No YesIssuer n | ame and description: | |
| 24. | _ | n account in a qualified ABLE program, or under a qualified state tuition pro | ogram. |
| | No Institution | on name and description. Separately file the records of any interests. 11 U.S.C. | & 521(c) |
| 25. | _ | s in property (other than anything listed in line 1), and rights or | 3 021(0) |
| | ✓ No | | |
| | Yes. Give specific information about them | | |
| 26. | | rade secrets, and other intellectual property; websites, proceeds from royalties and licensing agreements | |
| | No No | | |
| | Yes. Give specific | | |

Case 20-31117 Doc 1 Filed 04/17/20 Entered 04/17/20 18:39:59 Desc Main Document Page 14 of 55

| Deb | tor 1 | COLETTE M BREITER | Case number (if known) | | |
|-----|----------------|---|---|-----------------------|---|
| 27. | Example No Yes | es, franchises, and other ges: Building permits, exclusion. Give specific rmation about them | eneral intangibles ive licenses, cooperative association holdings, liquor licenses, profession | nal licens | es |
| Mor | ey or pr | operty owed to you? | | | Current value of the |
| | | | | | portion you own? Do not deduct secured claims or exemptions. |
| 28. | Tax ref | unds owed to you | | | |
| | ☑ No | | | | |
| | | . Give specific information ut them, including whether | | Federal: | |
| | you | already filed the returns | | State: | |
| | and | the tax years | | Local: | |
| 29. | | | imony, spousal support, child support, maintenance, divorce settlement, | property | settlement |
| | ✓ No ☐ Yes | . Give specific information | Alimony: | | |
| | | · | Maintenanc | ce: | |
| | | | Support: | • | |
| | | | Divorce set | ttlement [.] | |
| | | | Property se | | |
| 30. | | | u insurance payments, disability benefits, sick pay, vacation pay, workers' ecurity benefits; unpaid loans you made to someone else | , | |
| | | . Give specific information | Soc Security Benefits | | \$1,159.00 |
| 31. | | s in insurance policies es: Health, disability, or life | insurance; health savings account (HSA); credit, homeowner's, or renter's | s insuran | ce |
| | con | . Name the insurance npany of each policy list its value | ompany name: Beneficiary: | Sur | render or refund value: |
| 32. | If you a | | e you from someone who has died trust, expect proceeds from a life insurance policy, or are currently someone has died | | |
| | ☑ No | | | | |
| | Yes | . Give specific information | | - | |
| 33. | | | her or not you have filed a lawsuit or made a demand for payment disputes, insurance claims, or rights to sue | | |
| | ✓ No ☐ Yes | . Describe each claim | | | |
| 34. | | ontingent and unliquidated set off claims | I claims of every nature, including counterclaims of the debtor and | | |
| | ✓ No ☐ Yes | . Describe each claim | | | |

Case 20-31117 Doc 1 Filed 04/17/20 Entered 04/17/20 18:39:59 Desc Main Document Page 15 of 55

| Deb | tor 1 | COLETTE M BREIT | R | Case number (if known) | |
|-----|---------------|--|---|-----------------------------|---|
| 35. | Any fina | ancial assets you did r | ot already list | | |
| | ✓ No ☐ Yes | . Give specific informat | on | | |
| 36. | | _ | our entries from Part 4, including any entries fo number here | | \$1,234.00 |
| Pa | art 5: | Describe Any Busi | ness-Related Property You Own or Hav | ve an Interest In. List any | real estate in Part 1. |
| 37. | Do you | own or have any legal | or equitable interest in any business-related pr | operty? | |
| | | Go to Part 6 Go to line 38. | | | |
| | | | | | Current value of the portion you own? Do not deduct secured |
| 38. | Accoun | ts receivable or comm | ssions you already earned | | claims or exemptions. |
| | ✓ No ☐ Yes | . Describe | | | |
| 39. | | equipment, furnishings es: Business-related co desks, chairs, electr | mputers, software, modems, printers, copiers, fax r | machines, rugs, telephones, | |
| | ✓ No ☐ Yes | . Describe | | | |
| 40. | Machin | ery, fixtures, equipmer | t, supplies you use in business, and tools of yo | our trade | |
| | ✓ No ☐ Yes | . Describe | | | |
| 41. | Invento | ry | | | |
| | ✓ No ☐ Yes | . Describe | | | |
| 42. | Interest | s in partnerships or jo | nt ventures | | |
| | ✓ No ☐ Yes | . Describe Name of | entity: | % of ownership: | |
| 43. | Custom | er lists, mailing lists, o | r other compilations | | |
| | ✓ No ☐ Yes | . Do your lists include No Yes. Describe | personally identifiable information (as defined | in 11 U.S.C. § 101(41A))? | |

Case 20-31117 Doc 1 Filed 04/17/20 Entered 04/17/20 18:39:59 Desc Main Document Page 16 of 55

| Deb | otor 1 | COLETTE M BREITER C | Case number (if known) |
|-----|---------------|--|--|
| 44. | Any bu | siness-related property you did not already list | |
| | ☑ No ☐ Yes | s. Give specific information. | |
| 45. | | e dollar value of all of your entries from Part 5, including any entries for part for Part 5. Write that number here | |
| Pa | | Describe Any Farm- and Commercial Fishing-Related Prope If you own or have an interest in farmland, list it in Part 1. | erty You Own or Have an Interest In. |
| 46. | Do you | own or have any legal or equitable interest in any farm- or commercial fis | shing-related property? |
| | | . Go to Part 7. s. Go to line 47. | |
| | | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 47. | Farm a | nimals les: Livestock, poultry, farm-raised fish | |
| | ✓ No | | |
| | ☐ Yes | · | |
| 48. | Crops- | -either growing or harvested | |
| | | s. Give specific ormation | |
| 49. | Farm a | nd fishing equipment, implements, machinery, fixtures, and tools of trade | 9 |
| | ✓ No ☐ Yes | | |
| 50. | Farm a | nd fishing supplies, chemicals, and feed | |
| | ✓ No ☐ Yes | ş | |
| 51. | Any far | rm- and commercial fishing-related property you did not already list | |
| | _ | s. Give specific ormation | |
| 52. | | e dollar value of all of your entries from Part 6, including any entries for part for Part 6. Write that number here | |

Case 20-31117 Doc 1 Filed 04/17/20 Entered 04/17/20 18:39:59 Desc Main Document Page 17 of 55

| Deb | otor 1 COLET | TE M BREITER | Case nu | Case number (if known) | | | |
|-----|-----------------------|--|------------------------|------------------------------|----------|---|--------------|
| Р | art 7: Descri | be All Property You Own or Have an | Interest in That You I | Did Not List Ab | ove | , | |
| 53. | • | her property of any kind you did not already son tickets, country club membership | list? | | | | |
| | ✓ No ☐ Yes. Give s | pecific information. | | | ı | | |
| 54. | Add the dollar | value of all of your entries from Part 7. Write | that number here | | | | \$0.00 |
| Р | art 8: List the | e Totals of Each Part of this Form | | | | | |
| 55. | Part 1: Total rea | al estate, line 2 | | | → | | \$111,000.00 |
| 56. | Part 2: Total ve | hicles, line 5 | \$2,500.00 | | | | |
| 57. | Part 3: Total pe | rsonal and household items, line 15 | \$500.00 | | | | |
| 58. | Part 4: Total fin | ancial assets, line 36 | \$1,234.00 | | | | |
| 59. | Part 5: Total bu | siness-related property, line 45 | \$0.00 | | | | |
| 60. | Part 6: Total far | m- and fishing-related property, line 52 | \$0.00 | | | | |
| 61. | Part 7: Total otl | ner property not listed, line 54 | +\$0.00 | | | | |
| 62. | Total personal | property. Add lines 56 through 61 | \$4,234.00 | Copy personal property total | → | + | \$4,234.00 |
| 63. | Total of all prop | perty on Schedule A/B. Add line 55 + line 6 | 2 | | | | \$115,234.00 |

Case 20-31117 Doc 1 Filed 04/17/20 Entered 04/17/20 18:39:59 Desc Main Document Page 18 of 55

| Fill in this in | formation to ic | dentify your | case: | | | |
|--|--|---|---|------------------------------------|--|--|
| Debtor 1 | COLETTE | М | BREITE | R | | |
| Debtor 2 | First Name | Middle Name | e Last Name | | | |
| (Spouse, if filing | | Middle Name | | | | |
| United States Ba | ankruptcy Court for | the: DISTRIC | T OF MINNESOTA | | | Check if this is an |
| Case number (if known) | | | | | | amended filing |
| Official Form | | | | | | |
| Schedule C | : The Prope | rty You Cl | aim as Exem | pt | | 04/19 |
| Using the property space is needed, write your name at | you listed on Sch fill out and attach to nd case number (if | edule A/B: Prope this page as mand the half known). | erty (Official Form 10 nany copies of Part | 6A/B 2: Ad |) as your source, list the ditional Page as nece | esponsible for supplying correct information. e property that you claim as exempt. If more essary. On the top of any additional pages, |
| is to state a spec exempted up to t receive certain be exemption of 100 | ific dollar amount he amount of any enefits, and tax-e % of fair market v | as exempt. Al applicable stat kempt retirement alue under a la | ternatively, you may cutory limit. Some e nt fundsmay be un w that limits the ex | / claii xemp limite empti | m the full fair market votionssuch as those ed in dollar amount. | you claim. One way of doing so value of the property being for health aids, rights to However, if you claim an lar amount and the value of the le statutory amount. |
| Part 1: Ide | entify the Prop | erty You Cla | aim as Exempt | | | |
| 1. Which set of | exemptions are | you claiming? | Check one only, | even | if your spouse is filing | with you. |
| لت ا | claiming state and claiming federal e | | kruptcy exemptions. | 11 U | .S.C. § 522(b)(3) | |
| _ | - | | | | | |
| | | | • | • | fill in the information | |
| - | of the property a at lists this proper | | Current value of the portion you own | | ount of the emption you claim | Specific laws that allow exemption |
| | | | Copy the value from Schedule A/B | | eck only one box for th exemption | |
| Brief description: | | | \$111,000.00 | | \$102,000.00 | Minn. Stat. §§ 510.01, 510.02 |
| Parcel: 0800209 | | | | | 100% of fair market value, up to any applicable statutory limit | (Claimed: \$102,000.00 111,000.00) |
| Brief description: | | | \$2,500.00 | | \$2,500.00 | Minn. Stat. § 550.37(12)(a) |
| 2003 Harley Da (approx. 60,000 Line from <i>Schedul</i> | - | t Tail | | | 100% of fair market value, up to any applicable statutory limit | (Claimed: \$2,500.00 4,600.00) |
| - | • | - | more than \$170,350 /ears after that for ca | | led on or after the date | of adjustment.) |

Case 20-31117 Doc 1 Filed 04/17/20 Entered 04/17/20 18:39:59 Desc Main Document Page 19 of 55

| Debtor 1 COLETTE M BREITER | | | _ Case numbe | r (if known) |
|---|--------------------------------------|----------|---|---|
| Part 2: Additional Page | | | | |
| Brief description of the property and line or Schedule A/B that lists this property | Current value of the portion you own | | nt of the tion you claim | Specific laws that allow exemption |
| | Copy the value from Schedule A/B | | only one box for xemption | |
| Brief description: Household furniture (Very Old) Line from <i>Schedule A/B</i> :6 | \$300.00 | va ap | \$300.00 00% of fair market alue, up to any oplicable statutory nit | Minn. Stat. § 550.37(4)(b) (Claimed: \$300.00 300.00) |
| Brief description: Old TV and cracked cell phone Line from Schedule A/B:7 | \$100.00 | va ap | \$100.00 00% of fair market alue, up to any oplicable statutory nit | Minn. Stat. § 550.37(4)(b) (Claimed: \$100.00 100.00) |
| Brief description: Clothing Line from Schedule A/B:11 | \$50.00 | va ap | \$50.00 00% of fair market alue, up to any oplicable statutory nit | Minn. Stat. § 550.37(4)(a) (Claimed: \$50.00 50.00) |
| Brief description: Jewerly Line from Schedule A/B:12 | <u>\$50.00</u> | va ap | \$50.00 00% of fair market alue, up to any oplicable statutory nit | Minn. Stat. § 550.37(4)(c) (Claimed: \$50.00 50.00) |
| Brief description: Checking account Line from Schedule A/B: | \$75.00 | va ap | \$75.00 00% of fair market alue, up to any oplicable statutory nit | 42 U.S.C. § 407 (Claimed: \$75.00 75.00) |
| Brief description: Soc Security Benefits Line from Schedule A/B:30 | \$1,159.00 | va ap | \$1,159.00 00% of fair market alue, up to any oplicable statutory nit | 42 U.S.C. § 407 (Claimed: \$1,159.00 1159.00) |

Case 20-31117 Doc 1 Filed 04/17/20 Entered 04/17/20 18:39:59 Desc Main Document Page 20 of 55

| Fill in this inf | ormation to id | entify your case | | | | |
|---|---|---|--|---|---|--|
| Debtor 1 | COLETTE | M | BREITER | | | |
| | First Name | Middle Name | Last Name | | | |
| Debtor 2 (Spouse, if filing) | First Name | Middle Name | Last Name | | | |
| United States Ba | nkruptcy Court for | the: DISTRICT OF | MINNESOTA | | | |
| Case number (if known) | | | | | Check if this is amended filing | |
| Official Form | 106D | | | | | |
| | | Nho Have Cla | ims Secured b | v Property | | 12/15 |
| correct informatic On the top of any 1. Do any credi No. Che | on. If more space additional pages tors have claims | is needed, copy the write your name an secured by your properties form to the cation below. | Additional Page, fill id case number (if kno | gether, both are equal t out, number the entri own). hedules. You have noth | es, and attach it to thi | s form. |
| 2. List all secured claims. If a creditor has more than one secuclaim, list the creditor separately for each claim. If more than creditor has a particular claim, list the other creditors in Part 2 much as possible, list the claims in alphabetical order according creditor's name. | | | ore than one n Part 2. As | Column A Amount of claim Do not deduct the value of collateral | Column B Value of collateral that supports this claim | Column C Unsecured portion If any |
| 2.1 | | | property that | \$9,000.00 | \$111,000.00 | |
| First Bank Blue Creditor's name PO Box 40 Number Street | Earth | secures the definition of the | AD | | <u> </u> | |
| Blue Earth City Who owes the del Debtor 1 only Debtor 2 only Debtor 1 and D At least one of Check if this of to a communi | Debtor 2 only the debtors and a | Continge Unliquida Disputed Nature of lier An agree Statutory Judgmen | nt ted n. Check all that apply | as mortgage or secured mechanic's lien) | car loan) | |
| Date debt was inc | urred | Last 4 digits | of account number | | | |
| | | | | | | |

Add the dollar value of your entries in Column A on this page. Write that number here:

\$9,000.00

If this is the last page of your form, add the dollar value totals from all pages. Write that number here:

\$9,000.00

Case 20-31117 Doc 1 Filed 04/17/20 Entered 04/17/20 18:39:59 Desc Main Document Page 21 of 55

| Fill in this inf | ormation to ic | lentify your ca | ase: | | | |
|---|--|--|--|--|------------------------------------|------------------------------------|
| Dahtand | COLETTE | NA | PREITER | | | |
| Debtor 1 | COLETTE First Name | M Middle Name | Last Name | | | |
| | | | | | | |
| Debtor 2 | First Name | NASALALA NIA | Last Name | | | |
| (Spouse, if filing) | First Name | Middle Name | Last Name | | | |
| United States Bar | nkruptcy Court for | the: DISTRICT | OF MINNESOTA | | | |
| Case number | | | | | Check if this is | 22 |
| (if known) | | | | | amended filing | all |
| | | | | | arrieriaea illing | |
| Official Form | 106E/F | | | | | |
| Schedule E/ | F: Creditor | s Who Have | Unsecured Claims | | | 12/15 |
| on Schedule A/B: Do not include and If more space is not to this page. On t | Property (Officially creditors with placeded, copy the the top of any additionally and the top of any additionally are the top of a top of | ll Form 106A/B) a partially secured Part you need, fi ditional pages, w | acts or unexpired leases that coul and on Schedule G: Executory Co- claims that are listed in Schedule II it out, number the entries in the rite your name and case number (| ntracts and Unexpired D: Creditors Who Ho boxes on the left. Att | l Leases (Offici Id Claims Secu | al Form 106G). red by Property. |
| Part 1: Lis | t All of Your F | RIURITT UIIS | ecured Claims | | | |
| 1. Do any credit | tors have priority | unsecured clain | ns against you? | | | |
| ✓ No. Go t | to Part 2. | | | | | |
| ☐ Yes. | | | | | | |
| claim. For ea show both pric more space is claim, list the | 2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If more space is needed for priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. | | | | | |
| (For an explar | nation of each type | e of claim, see the | e instructions for this form in the inst | | | |
| | | | | Total claim | Priority | Nonpriority |
| 2.1 | | | | | amount | amount |
| | | | | | | |
| Priority Creditor's Nam | ne | | Last 4 digits of account number | | | |
| Number Street | | | When was the debt incurred? | | | |
| | | | As of the date you file the claim | ie: Chack all that anni | , | |
| | | | As of the date you file, the claim Contingent | is. Oneck all that apply | /. | |
| | | | Unliquidated | | | |
| 0.1 | 0.1 | 710.0 | Disputed | | | |
| City | State Charles | ZIP Code | Towns of DDIODITY | · | | |
| Who incurred the Debtor 1 only | debt? Check of | ne. | Type of PRIORITY unsecured cla | im: | | |
| Debtor 2 only | | | Domestic support obligations | vou our the severe | nt. | |
| Debtor 1 and D | Debtor 2 only | | Taxes and certain other debts Claims for death or personal ir | | IIL | |
| | the debtors and a | nother | intoxicated | jury writic you were | | |
| _ | claim is for a con | munity debt | Other. Specify | | | |
| Is the claim subje | | • | | | | |
| □ No | | | | | | |
| H Yes | | | | | | |

Case 20-31117 Doc 1 Filed 04/17/20 Entered 04/17/20 18:39:59 Desc Main Document Page 22 of 55

| Debtor 1 | COLETTE M BREITER | Case number (if known) | |
|-----------------|---|--|-------------|
| Part 2: | List All of Your NONPRIORIT | Y Unsecured Claims | |
| | ny creditors have nonpriority unsecured | - | |
| | No. You have nothing to report in this part Yes | . Submit this form to the court with your other schedules. | |
| If a c type | reditor has more than one nonpriority unser of claim it is. Do not list claims already inc | in the alphabetical order of the creditor who holds each claim. cured claim, list the creditor separately for each claim. For each claim listed, luded in Part 1. If more than one creditor holds a particular claim, list the oth unsecured claims, fill out the Continuation Page of Part 2. | • |
| | | | Total claim |
| 4.1 | achrony Ponk | Last 4 digits of account number 2 5 5 7 | \$2,305.05 |
| | nchrony Bank Creditor's Name | Last 4 digits of account number <u>3</u> <u>5</u> <u>5</u> <u>7</u> When was the debt incurred? | |
| PO Box | 960013 | | |
| Number | Street | As of the date you file, the claim is: Check all that apply. | |
| - | | _ | |
| | | Disputed | |
| Orlando City | FL 32896-0013 State ZIP Code | | |
| | irred the debt? Check one. | Type of NONPRIORITY unsecured claim: | |
| ✓ Debto | or 1 only | ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce | |
| | or 2 only | that you did not report as priority claims | |
| | or 1 and Debtor 2 only | Debts to pension or profit-sharing plans, and other similar debts | |
| _ | est one of the debtors and another | Other Specify | |
| ☐ Chec | k if this claim is for a community debt | Credit Card | |
| | im subject to offset? | | |
| ☑ No | | | |
| Yes | | | |
| 4.2 | | | \$490.58 |
| Avant, L | | _ Last 4 digits of account number <u>2</u> <u>3</u> <u>0</u> <u>4</u> | |
| PO Box | Creditor's Name 1429 | When was the debt incurred? | |
| Number | Street | As of the date you file, the claim is: Check all that apply. | |
| | | _ Contingent | |
| | | ☐ Unliquidated ☐ Disputed | |
| Carol St | ream IL 60132-1429 | ☐ Disputed | |
| City | State ZIP Code | Type of NONPRIORITY unsecured claim: | |
| — D.1.4. | rred the debt? Check one. | ☐ Student loans | |
| ك | or 1 only or 2 only | Obligations arising out of a separation agreement or divorce | |
| | or 1 and Debtor 2 only | that you did not report as priority claims | |
| ш | st one of the debtors and another | ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify | |
| ☐ Chec | k if this claim is for a community debt | Credit Card | |
| | im subject to offset? | | |
| ✓ No | • | | |
| Yes | | | |

Case 20-31117 Doc 1 Filed 04/17/20 Entered 04/17/20 18:39:59 Desc Main Document Page 23 of 55

| Debtor 1 COLETTE M BREITER | Case number (if known) | |
|--|---|-------------|
| Part 2: Your NONPRIORITY Unsecu | red Claims Continuation Page | |
| After listing any entries on this page, number the previous page. | m sequentially from the | Total claim |
| 4.3 | | \$3,634.00 |
| Capitol One | Last 4 digits of account number 0 2 8 9 | |
| Nonpriority Creditor's Name PO Box 6492 | When was the debt incurred? | |
| Number Street | As of the date you file, the claim is: Check all that apply. | |
| | _ ☐ Contingent ☐ Unliquidated | |
| - | Disputed | |
| Carol Stream IL 60197-6492 City State ZIP Code | Type of NONPRIORITY unsecured claim: | |
| Who incurred the debt? Check one. | Student loans | |
| Debtor 1 only Debtor 2 only | Obligations arising out of a separation agreement or divorce | |
| Debtor 1 and Debtor 2 only | that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts | |
| At least one of the debtors and another | Other. Specify | |
| ☐ Check if this claim is for a community debt | Credit Card | |
| Is the claim subject to offset? No | | |
| ☑ No ☐ Yes | | |
| | | |
| Carital One | Look 4 digits of account number F F O A | \$2,020.80 |
| Capitol One Nonpriority Creditor's Name | Last 4 digits of account number5504_ When was the debt incurred? | |
| PO BOX 60599 Number Street | As of the date you file, the claim is: Check all that apply. | |
| - Ottob | Contingent | |
| | Unliquidated | |
| City of Industry CA 91716-0599 | Disputed | |
| City State ZIP Code Who incurred the debt? Check one. | Type of NONPRIORITY unsecured claim: | |
| Debtor 1 only | ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce | |
| Debtor 2 only | that you did not report as priority claims | |
| Debtor 1 and Debtor 2 only At least one of the debtors and another | Debts to pension or profit-sharing plans, and other similar debts | |
| Check if this claim is for a community debt | | |
| Is the claim subject to offset? | orount ouru | |
| ☑ No | | |
| Yes | | |
| 4.5 | | \$2,013.73 |
| Capitol One | Last 4 digits of account number 8 2 9 3 | |
| Nonpriority Creditor's Name PO Box 4069 | When was the debt incurred? | |
| Number Street | As of the date you file, the claim is: Check all that apply. | |
| | _ | |
| Corol Stream II 00407 4000 | Disputed | |
| Carol Stream IL 60197-4069 City State ZIP Code | Type of NONPRIORITY unsecured claim: | |
| Who incurred the debt? Check one. | Student loans | |
| Debtor 1 only Debtor 2 only | Obligations arising out of a separation agreement or divorce | |
| Debtor 1 and Debtor 2 only | that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts | |
| At least one of the debtors and another | Other. Specify | |
| ☐ Check if this claim is for a community debt | Credit Card | |
| Is the claim subject to offset? | | |
| ☑ No □ Yes | | |

Case 20-31117 Doc 1 Filed 04/17/20 Entered 04/17/20 18:39:59 Desc Main Document Page 24 of 55

| Span Antonio TX 78265-9113 Type of NONPRIORITY unsecured claim: Student loans Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt is the claim subject to offset? When was the debt incurred? Contingent Type of NONPRIORITY unsecured claim: Student loans Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only Type of Nones or profit-sharing plans, and other similar debts Type of Check if this claim is for a community debt is the claim subject to offset? Type of Nones or profit-sharing plans, and other similar debts Type of Nones or profit-sharing plans, and other similar debts Type of Nones or profit-sharing plans, and other similar debts Type of Nones or profit-sharing plans, and other similar debts Type of Nones or profit-sharing plans, and other similar debts Type of Nones or profit-sharing plans, and other similar debts Type of Nones or profit-sharing plans, and other similar debts Type of Nones or profit-sharing plans, and other similar debts Type of Nones or profit-sharing plans, and other similar debts Type of Nones or profit-sharing plans, and other similar debts Type of Nones or profit-sharing plans, and other similar debts Type of Nones or profit-sharing plans, and other similar debts Type of Nones or profit-sharing plans, and other similar debts Type of Nones or profit-sharing plans, and other similar debts Type of Nones or profit-sharing plans, and other similar debts Type of Nones or profit-sharing plans, and other similar debts Type of Nones or profit-sharing plans, and other similar debts Type of Nones or profit-sharing plans, and other similar debts Type of Nones or profit-sharing plans, and other similar debts Type of Nones or profit-sharing plans, and other similar debts Type of Nones or profit-sharing plans, and other similar debts Type of Nones or profit-sharing plans, and other similar debts Type of Nones or profit-sharing plans, and other simil | Debtor 1 COLETTE M BREITER | Case number (if known) | |
|--|---|--|-------------|
| San Antonio TX 78265-9113 Type of NoNPRIORITY unsecured claim: Student loans Debtor 1 only Debtor 1 only Debtor 1 and Debtor 2 only At least one of the debtors and another Debtor 1 steel taim subject to offset? Wo Yes A.7 Comenity - Sephora Last 4 digits of account number 8 6 8 2 Nonpriority Creditor's Name Street When was the debt incurred? As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Type of NoNPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Credit Card Street Card Street Card Street Comenity - Sephora Comenity - Sephora Comenity - Sephora Comenity - Sephora Contingent Unliquidated Disputed Contingent Unliquidated Contingent Contingent Unliquidated Contingent C | Part 2: Your NONPRIORITY Unsecur | red Claims Continuation Page | |
| Last 4 digits of account number 8 6 8 2 | After listing any entries on this page, number the previous page. | m sequentially from the | Total claim |
| When was the debt incurred? As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Other. Specify Credit Card Type of NOPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Obligations arising out of a separation agreement or divorce that you did not report as priority claims Other. Specify Credit Card Street When was the debt incurred? As of the date you file, the claim is: Check all that apply. Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Obther. Specify Credit Card \$167.29 \$167.29 \$167.29 \$167.29 \$167.29 As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed | 4.6 | | \$553.69 |
| Number Street As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only Debtor 4 tleast one of the debtors and another Check if this claim is for a community debt is the claim subject to offset? No Yes 4.7 Comenity - Sephora Nonpriority Creditor's Name PO Box 65980 Number Street As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Credit Card \$167.29 \$167.29 \$167.29 As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed | Comenity - Herbergers | Last 4 digits of account number8682_ | |
| San Antonio TX 78265-9113 City State ZIP Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt is the claim subject to offset? No Yes 4.7 Comtingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Credit Card \$167.29 \$167.29 As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed | Nonpriority Creditor's Name PO Box 659813 | When was the debt incurred? | |
| San Antonio TX 78265-9113 City State ZIP Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 2 only Debtor 2 and Debtor 2 only Check if this claim is for a community debt is the claim subject to offset? No Yes 4.7 Comenity - Sephora Nonpriority Creditor's Name PO Box 65980 Number Street Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Credit Card \$167.29 | Number Street | <u> </u> | |
| San Antonio TX 78265-9113 City State ZIP Code Who incurred the debt? Check one. ☑ Debtor 1 only ☐ Debtor 2 only ☐ Debtor 2 only ☐ At least one of the debtors and another ☐ Check if this claim is for a community debt Is the claim subject to offset? ☑ No ☐ Yes 4.7 Comenity - Sephora Nonpriority Creditor's Name PO Box 65980 Number Street ☐ Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ☑ Other. Specify Credit Card \$167.29 \$167.29 | | | |
| City | O A | | |
| Debtor 1 only | | Type of NONPRIORITY unsecured claim: | |
| Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt is the claim subject to offset? No Yes Last 4 digits of account number 5 6 8 0 When was the debt incurred? As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed | | | |
| Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Yes 4.7 Comenity - Sephora Nonpriority Creditor's Name PO Box 65980 Number Street Debts to pension or profit-sharing plans, and other similar debts Other. Specify Credit Card \$167.29 \$167.29 As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed | · | | |
| Check if this claim is for a community debt Is the claim subject to offset? No Yes 4.7 Comenity - Sephora Nonpriority Creditor's Name PO Box 65980 Number Street Contingent Unliquidated Disputed Other. Specify Credit Card \$167.29 \$167.29 | | | |
| Check if this claim is for a community debt Is the claim subject to offset? No Yes 4.7 Comenity - Sephora Nonpriority Creditor's Name PO Box 65980 Number Street As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Credit Card Credit Card Credit Card Credit Card Street \$167.29 | At least one of the debtors and another | | |
| No Yes 4.7 Comenity - Sephora Nonpriority Creditor's Name PO Box 65980 Number Street Men was the debt incurred? As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed | | Credit Card | |
| 4.7 Comenity - Sephora Number Street Last 4 digits of account number 5 6 8 0 When was the debt incurred? As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed | | | |
| 4.7 Comenity - Sephora Last 4 digits of account number 5 6 8 0 When was the debt incurred? PO Box 65980 Number Street As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed | ₩ v | | |
| Comenity - Sephora Last 4 digits of account number 5 6 8 0 When was the debt incurred? As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed | | | |
| Nonpriority Creditor's Name PO Box 65980 Number Street As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed | | | \$167.29 |
| PO Box 65980 Number Street As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed | | | |
| Contingent Unliquidated Disputed | PO Box 65980 | | |
| Unliquidated Disputed | Number Street | <u> </u> | |
| | | Unliquidated | |
| San Antonio TX 78265-9113 🗀 | San Antonio TX 78265-9113 | _ | |
| City State ZIP Code Type of NONPRIORITY unsecured claim: | City State ZIP Code | Type of NONPRIORITY unsecured claim: | |
| Debtor 1 only | - Dalatan Alamba | | |
| T Conigations ansing out of a separation agreement of divorce | | | |
| Debtor 1 and Debtor 2 only At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar debts | | , , , | |
| ✓ Other Military Specify | | | |
| - Stout Gard | Is the claim subject to offset? | Credit Card | |
| T No. | — Na | | |
| Yes | | | |
| 4.8 \$350.49 | 4.8 | | \$350.49 |
| | Comenity - The Buckle | Last 4 digits of account number 1 8 2 0 | |
| Nonpriority Creditor's Name When was the debt incurred? | Nonpriority Creditor's Name | | |
| | PO Box 659704 Number Street | As of the date you file, the claim is: Check all that apply. | |
| Contingent | | | |
| Unliquidated Disputed | | | |
| San Antonio TX 78265-9704 | | | |
| Who incurred the debt? Check one | | | |
| ☑ Student loans ☑ Debtor 1 only ☑ Obligations arising out of a separation agreement or divorce | | | |
| Debtor 2 only that you did not report as priority claims | | that you did not report as priority claims | |
| At least one of the debtors and another | □ | | |
| ☐ Check if this claim is for a community debt ☐ Credit Card | Check if this claim is for a community debt | | |
| | Is the claim subject to offset? | | |
| ☑ No □ Yes | | | |

Case 20-31117 Doc 1 Filed 04/17/20 Entered 04/17/20 18:39:59 Desc Main Document Page 25 of 55

| Debtor 1 COLETTE M BREITER | Case number (if known) | |
|---|---|-------------|
| Part 2: Your NONPRIORITY Unsecu | red Claims Continuation Page | |
| After listing any entries on this page, number the previous page. | m sequentially from the | Total claim |
| 4.9 | | \$1,064.00 |
| Credit One Bank | _ Last 4 digits of account number 9 5 3 7 | |
| Nonpriority Creditor's Name PO Box 60500 | When was the debt incurred? | |
| Number Street | As of the date you file, the claim is: Check all that apply. | |
| | □ Contingent □ Unliquidated | |
| | Disputed | |
| City of Industry CA 91716-0500 City State ZIP Code | | |
| Who incurred the debt? Check one. | Student loans | |
| Debtor 1 only Debtor 2 only | Obligations arising out of a separation agreement or divorce | |
| Debtor 1 and Debtor 2 only | that you did not report as priority claims | |
| At least one of the debtors and another | ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify | |
| ☐ Check if this claim is for a community debt | Credit Card | |
| Is the claim subject to offset? | | |
| ☑ No ☐ Yes | | |
| 4.10 | | |
| First Bank Card | Last 4 digits of account number 5 6 0 1 | \$3,556.34 |
| Nonpriority Creditor's Name | When was the debt incurred? | |
| PO Box 2557 Number Street | As of the date you file, the claim is: Check all that apply. | |
| | _ Contingent | |
| | ☐ Unliquidated ☐ ☐ Disputed | |
| Omaha NE 68103-2557 | | |
| City State ZIP Code Who incurred the debt? Check one. | Type of NONPRIORITY unsecured claim: | |
| Debtor 1 only | ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce | |
| Debtor 2 only Debtor 1 and Debtor 2 only | that you did not report as priority claims | |
| At least one of the debtors and another | ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify | |
| ☐ Check if this claim is for a community debt | Credit Card | |
| Is the claim subject to offset? | | |
| ☑ No □ Yes | | |
| | | |
| 4.11 | | \$702.57 |
| First Premier Bank | Last 4 digits of account number0256_ | |
| Nonpriority Creditor's Name PO Box 5529 | When was the debt incurred? | |
| Number Street | As of the date you file, the claim is: Check all that apply. | |
| | | |
| Souix Falls SD 57117-5529 | Disputed | |
| City State ZIP Code | Type of NONPRIORITY unsecured claim: | |
| Who incurred the debt? Check one. | Student loans | |
| Debtor 1 only Debtor 2 only | Obligations arising out of a separation agreement or divorce | |
| Debtor 1 and Debtor 2 only | that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts | |
| At least one of the debtors and another | ☑ Other. Specify | |
| Check if this claim is for a community debt | Credit Card | |
| Is the claim subject to offset? ✓ No | | |
| ☑ No □ Yes | | |

Case 20-31117 Doc 1 Filed 04/17/20 Entered 04/17/20 18:39:59 Desc Main Document Page 26 of 55

| Debtor 1 COLETTE M BREITER | Case number (if known) | |
|---|--|-------------|
| Part 2: Your NONPRIORITY Unsecu | red Claims Continuation Page | |
| After listing any entries on this page, number the previous page. | m sequentially from the | Total claim |
| 4.12 | | \$2,939.10 |
| Home Depot Credit Services | Last 4 digits of account number3035_ | |
| Nonpriority Creditor's Name PO Box 78001 | When was the debt incurred? | |
| Number Street | As of the date you file, the claim is: Check all that apply. □ Contingent □ Unliquidated □ Disputed | |
| Phoenix AZ 85062-8011 City State ZIP Code | Turns of NONDRIORITY was a suns district. | |
| Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt | Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Credit Card | |
| Is the claim subject to offset? No Yes | | |
| 4.13 | | \$580.95 |
| Kohl's Payment Center | Last 4 digits of account number <u>x</u> <u>0</u> <u>0</u> <u>9</u> | |
| Nonpriority Creditor's Name PO Box 2983 | When was the debt incurred? | |
| Number Street | As of the date you file, the claim is: Check all that apply. | |
| | _ | |
| | ☐ Unliquidated ☐ Disputed | |
| Milwaukee WI 53201-2983 City State ZIP Code | - The state of MONDRIORITY was a sound obtains | |
| Who incurred the debt? Check one. | Type of NONPRIORITY unsecured claim: ☐ Student loans | |
| Debtor 1 only | ☐ Obligations arising out of a separation agreement or divorce | |
| Debtor 2 only Debtor 1 and Debtor 2 only | that you did not report as priority claims | |
| At least one of the debtors and another | Debts to pension or profit-sharing plans, and other similar debts | |
| ☐ Check if this claim is for a community debt | | |
| Is the claim subject to offset? | oroan oara | |
| ✓ No Yes | | |
| 4.14 | | \$1,140.81 |
| Maurices Capitol One | Last 4 digits of account number 3 4 0 3 | |
| Nonpriority Creditor's Name PO Box 4144 | When was the debt incurred? | |
| Number Street | As of the date you file, the claim is: Check all that apply. | |
| | _ Contingent | |
| | ☐ Unliquidated ☐ ☐ Disputed | |
| Carol Stream IL 60197-4144 | | |
| City State ZIP Code Who incurred the debt? Check one. | Type of NONPRIORITY unsecured claim: | |
| Debtor 1 only | Student loans Obligations arising out of a separation agreement or divorce | |
| Debtor 2 only | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| Debtor 1 and Debtor 2 only | Debts to pension or profit-sharing plans, and other similar debts | |
| At least one of the debtors and another Check if this claim is for a community debt | Other. Specify | |
| Check if this claim is for a community debt | Credit Card | |
| Is the claim subject to offset? ✓ No | | |
| Yes | | |

Case 20-31117 Doc 1 Filed 04/17/20 Entered 04/17/20 18:39:59 Desc Main Document Page 27 of 55

| Debtor 1 COLETTE M BREITER | Case number (if known) | |
|---|--|-------------|
| Part 2: Your NONPRIORITY Unsecur | red Claims Continuation Page | |
| After listing any entries on this page, number the previous page. | m sequentially from the | Total claim |
| 4.15 | | \$205.66 |
| QCCard/Synchrony Bank | Last 4 digits of account number 6 1 4 4 | |
| Nonpriority Creditor's Name PO Box 530905 | When was the debt incurred? | |
| Number Street | As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed | |
| Atlanta GA 30353-0905 City State ZIP Code | Turns of NONDRIODITY | |
| Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt | Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Credit Card | |
| Is the claim subject to offset? ☑ No ☐ Yes | | |
| 4.16 | | \$1,642.05 |
| Synchrony Bank / Amazon | Last 4 digits of account number <u>5</u> <u>1</u> <u>3</u> <u>7</u> | |
| Nonpriority Creditor's Name PO Box 960013 | When was the debt incurred? | |
| Number Street | As of the date you file, the claim is: Check all that apply. | |
| | _ Contingent | |
| | ☐ Unliquidated ☐ Disputed | |
| Orlando FL 32896-0013 | | |
| City State ZIP Code Who incurred the debt? Check one. | Type of NONPRIORITY unsecured claim: | |
| Debtor 1 only | Student loans | |
| Debtor 2 only | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| Debtor 1 and Debtor 2 only | Debts to pension or profit-sharing plans, and other similar debts | |
| At least one of the debtors and another | Other. Specify | |
| Check if this claim is for a community debt | Credit Card | |
| Is the claim subject to offset? ✓ No ☐ Yes 4.17 | | ********** |
| | Look A digita of account mumber 0 0 0 4 | \$907.01 |
| Synchrony Bank / JCP Nonpriority Creditor's Name | _ Last 4 digits of account number 2 0 2 1 | |
| PO Box 960090 | When was the debt incurred? | |
| Number Street | As of the date you file, the claim is: Check all that apply. ☐ Contingent | |
| | ☐ Unliquidated | |
| Orlanda El 20000 0000 | Disputed | |
| Orlando FL 32896-0090 City State ZIP Code | Type of NONPRIORITY unsecured claim: | |
| Who incurred the debt? Check one. | Student loans | |
| Debtor 1 only | Obligations arising out of a separation agreement or divorce | |
| Debtor 2 only Debtor 1 and Debtor 2 only | that you did not report as priority claims | |
| At least one of the debtors and another | Debts to pension or profit-sharing plans, and other similar debts | |
| ☐ Check if this claim is for a community debt | | |
| Is the claim subject to offset? | | |
| ✓ No ☐ Yes | | |

Case 20-31117 Doc 1 Filed 04/17/20 Entered 04/17/20 18:39:59 Desc Main Document Page 28 of 55

| Debtor 1 COLETTE M BREITER | Case number (if known) | |
|---|---|-----|
| Part 2: Your NONPRIORITY Unsecur | red Claims Continuation Page | |
| After listing any entries on this page, number the previous page. | m sequentially from the Total claim | 1 |
| 4.18 | \$2,889 | .27 |
| Target Card Services | Last 4 digits of account number 8 4 4 7 | _ |
| Nonpriority Creditor's Name | When was the debt incurred? | |
| PO Box 660170 Number Street | As of the date you file, the claim is: Check all that apply. | |
| | _ Contingent | |
| | ☐ Unliquidated ☐ Disputed | |
| Dallas TX 75266-0170 | Disputed | |
| City State ZIP Code | Type of NONPRIORITY unsecured claim: | |
| Who incurred the debt? Check one. Debtor 1 only | Student loans | |
| Debtor 2 only | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| Debtor 1 and Debtor 2 only | Debts to pension or profit-sharing plans, and other similar debts | |
| At least one of the debtors and another | Other. Specify | |
| Check if this claim is for a community debt | Credit Card | |
| Is the claim subject to offset? ✓ No | | |
| Yes | | |
| | | |
| 4.19 | \$3,909 | .38 |
| Wells Fargo Nonpriority Creditor's Name | _ Last 4 digits of account number 6 2 2 2 | |
| PO Box 77053 | When was the debt incurred? | |
| Number Street | As of the date you file, the claim is: Check all that apply. | |
| - | _ | |
| Minneapolie MN 55490 7752 | Disputed | |
| Minneapolis MN 55480-7753 City State ZIP Code | Type of NONPRIORITY unsecured claim: | |
| Who incurred the debt? Check one. | Student loans | |
| Debtor 1 only | Obligations arising out of a separation agreement or divorce | |
| Debtor 2 only Debtor 1 and Debtor 2 only | that you did not report as priority claims | |
| At least one of the debtors and another | ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify | |
| Check if this claim is for a community debt | Other. Specify Purchase Money | |
| Is the claim subject to offset? | | |
| ✓ No ☐ Yes | | |

Case 20-31117 Doc 1 Filed 04/17/20 Entered 04/17/20 18:39:59 Desc Main Document Page 29 of 55

| Debtor 1 | COLETTE M BREITER | Case number (if known) |
|----------|--|------------------------|
| Part /: | Add the Amounts for Each Type of Unsecured Claim | |

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

| | | | | Total claim |
|--------------------------|--|---|--------------|-------------|
| Total claims from Part 1 | 6a. | Domestic support obligations | 6a. | \$0.00 |
| | 6b. Taxes and certain other debts you owe the government | | 6b. | \$0.00 |
| | 6c. | Claims for death or personal injury while you were intoxicated | 6c. | \$0.00 |
| | 6d. | Other. Add all other priority unsecured claims. Write that amount here. | 6d. - | \$0.00 |
| | 6e. | Total. Add lines 6a through 6d. | 6d. | \$0.00 |
| | | | | Total claim |
| Total claims from Part 2 | 6f. | Student loans | 6f. | \$0.00 |
| | 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims 6h. Debts to pension or profit-sharing plans, and other similar debts | | 6g. | \$0.00 |
| | | | 6h. | \$0.00 |
| | 6i. | Other. Add all other nonpriority unsecured claims. Write that amount here. | 6i. 🖣 | \$31,072.77 |
| | 6j. | Total. Add lines 6f through 6i. | 6j. | \$31,072.77 |

Case 20-31117 Doc 1 Filed 04/17/20 Entered 04/17/20 18:39:59 Desc Main Document Page 30 of 55

| Fill in this information to identify your case: | | | | | | | | |
|---|-----------------------|------------------|----------------------|--|------------------------------------|--|--|--|
| Debtor 1 | COLETTE First Name | M Middle Name | BREITER Last Name | | | | | |
| Debtor 2 (Spouse, if filing) | First Name | Middle Name | Last Name | | | | | |
| United States Bankruptcy Court for the: DISTRICT OF MINNESOTA | | | | | | | | |
| Case number (if known) | | | | | Check if this is an amended filing | | | |

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- Do you have any executory contracts or unexpired leases?
 No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 Yes. Fill in all of the information below even if the contracts or leases are listed on Schedule A/B: Property (Official Form 106A/B).
- 2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease

State what the contract or lease is for

Case 20-31117 Doc 1 Filed 04/17/20 Entered 04/17/20 18:39:59 Desc Main Document Page 31 of 55

| Fi | ll in this info | ormation to ide | entify your case | : | | | |
|------------|--|---|--|--|--|---|-------|
| De | ebtor 1 | COLETTE First Name | M Middle Name | BREITER Last Name | | | |
| | ebtor 2 pouse, if filing) | First Name | Middle Name | Last Name | _ | | |
| Ur | nited States Bar | nkruptcy Court for t | he: DISTRICT OF | MINNESOTA | | | |
| | ase number known) | | | | | Check if this is an amended filing | |
| Off | ficial Form | 106H | | | | | |
| Sc | hedule H: | Your Codek | otors | | | | 12/15 |
| two nee | married peopl ded, copy the <i>i</i> e. On the top o | e are filing togeth Additional Page, fi of any Additional I | er, both are equally ill it out, and numbe Pages, write your n | r any debts you may have. r responsible for supplying er the entries in the boxes of ame and case number (if k int case, do not list either sp | correct information. on the left. Attach the nown). Answer every | If more space is Additional Page to this | |
| | ✓ No ☐ Yes | • | () | , | , | | |
| 2. | | • . | | nity property state or territ, New Mexico, Puerto Rico, | • | | |
| | No. Go to Yes. Did | | er spouse, or legal e | quivalent live with you at the | time? | | |
| 3. | person show | n in line 2 again as | s a codebtor only if | ude your spouse as a code that person is a guarantor dule E/F (Official Form 106 | or cosigner. Make s | ure you have listed the | |

Column 1: Your codebtor

Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

Case 20-31117 Doc 1 Filed 04/17/20 Entered 04/17/20 18:39:59 Desc Main Document Page 32 of 55

| Fill in this | s information to | identify your case: | | | | | |
|-------------------------------|--|--|---|-------|------------------|--------|---|
| Debtor 1 | COLETT | E M | BREITEI | ₹ | | | |
| | First Name | Middle Name | Last Name | | | Che | eck if this is: |
| Debtor 2 (Spouse, i | f filing) First Name | Middle Name | Last Name | | | | An amended filing |
| | 37 | | F MINNESOTA | | | | A supplement showing postpetition |
| Case num | ites Bankruptcy Court | for the: DISTRICT O | F WIINNESOTA | | | | chapter 13 income as of the following date |
| (if known) | | | | _ | | | MM / DD / YYYY |
| Official Fo | orm 106I | | | | | | |
| Schedule | e I: Your Inco | me | | | | | 12/1 |
| include infor about your s | mation about your s pouse. If more spac | pouse. If you are separ se is needed, attach a se (nown). Answer every o | rated and your spo eparate sheet to th | ouse | is not filing w | ith y | spouse is living with you, ou, do not include information any additional pages, write |
| 1. Fill in yo | our employment | | Dalatan 4 | | | | Politica Communication of the |
| | ve more than one | | Debtor 1 | | | | Debtor 2 or non-filing spouse |
| | ch a separate page rmation about | Employment status | ☐ Employed✓ Not employed | ed | | | ☐ Employed ✓ Not employed |
| | al employers. | Occupation | riot omploy | ou | | | F Not simpleyed |
| Include r | part-time, seasonal, | Occupation | | | | | _ |
| | mployed work. | Employer's name | | | | | _ |
| • | ion may include or homemaker, if it | Employer's address | Number Street | | | | Number Street |
| | | | | | | | |
| | | | City | | State Zip Coo | de | City State Zip Code |
| | | How long employed t | there? | | | | |
| | | | | | | | |
| Part 2: | Give Details Ab | out Monthly Incom | ne . | | | | |
| | nthly income as of thuse unless you are se | | m. If you have noth | ing t | o report for any | / line | , write \$0 in the space. Include your |
| , , | 0 . | ve more than one employ parate sheet to this form. | • | orma | tion for all emp | loyeı | rs for that person on the lines below. If |
| | | | | | For Debtor 1 | l | For Debtor 2 or non-filing spouse |
| | eductions). If not pai | salary, and commission d monthly, calculate wha | | 2. | \$0 | .00 | \$0.00 |
| 3. Estimate | e and list monthly ov | vertime pay. | | 3. | +\$0 | .00 | \$0.00 |
| | | | | | | | , |

| Deb | otor 1 COLETTE M BREITER | | Case nur | mber (if know | n) | | |
|-----|---|----------------|--------------------|---------------|---------------|-------|--------------------------|
| | | F | For Debtor 1 | For Debto | | | |
| | Copy line 4 here | 4. | \$0.00 | | \$0.00 | _ | |
| 5. | List all payroll deductions: | | | | | | |
| | 5a. Tax, Medicare, and Social Security deductions | 5a. | \$0.00 | | \$0.00 | | |
| | 5b. Mandatory contributions for retirement plans | 5b. | \$0.00 | | \$0.00 | | |
| | 5c. Voluntary contributions for retirement plans | 5c. | \$0.00 | | \$0.00 | | |
| | 5d. Required repayments of retirement fund loans | 5d. | \$0.00 | - | \$0.00 | | |
| | 5e. Insurance | 5e. | \$0.00 | | \$0.00 | | |
| | 5f. Domestic support obligations | 5f. | \$0.00 | | \$0.00 | | |
| | 5g. Union dues | 5g. | \$0.00 | | \$0.00 | | |
| | 5h. Other deductions. Specify: | _ 5h. + | \$0.00 | | \$0.00 | | |
| 6. | Add the payroll deductions. Add lines $5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h$. | 6. | \$0.00 | | \$0.00 | | |
| 7. | Calculate total monthly take-home pay. Subtract line 6 from line 4. | 7. | \$0.00 | | \$0.00 | | |
| 8. | List all other income regularly received: | | | | | | |
| | 8a. Net income from rental property and from operating a business, profession, or farm | 8a. | \$0.00 | | <u>\$0.00</u> | | |
| | Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. | | | | | | |
| | 8b. Interest and dividends | 8b. | \$0.00 | | \$0.00 | | |
| | 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive | 8c. | \$0.00 | | \$0.00 | | |
| | Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. | | | | | | |
| | 8d. Unemployment compensation | 8d. | \$0.00 | | \$0.00 | | |
| | 8e. Social Security | 8e. | \$1,159.00 | | \$0.00 | | |
| | 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) or any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. | | | | | | |
| | Specify: | 8f. | \$0.00 | | \$0.00 | | |
| | 8g. Pension or retirement income | 8g. | \$0.00 | | \$0.00 | | |
| | 8h. Other monthly income. Specify: | 8h. + | \$0.00 | , | ድብ ብብ | | |
| | ореспу. | _ '''.* | \$0.00 | | \$0.00 | ı | |
| 9. | Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h. | 9. | \$1,159.00 | | \$0.00 | | |
| 10. | Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | 10. | \$1,159.00 | + | \$0.00 | = _ | \$1,159.00 |
| 11. | State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. | | | | | | |
| | Do not include any amounts already included in lines 2-10 or amounts th | at are no | t available to pay | expenses list | ed in Sc | hedul | e J. |
| | Specify: Non Filing Spouse Contribution | | | | 11. | + | \$2,000.00 |
| 12. | Add the amount in the last column of line 10 to the amount in line 11 income. Write that amount on the Summary of Your Assets and Liabilitie | | | | 12. | L- | \$3,159.00 |
| | if it applies. | | | , | | | ombined onthly income |
| 13. | Do you expect an increase or decrease within the year after you file | | | | | | |
| | No. ✓ Yes. Explain: Part time caretaker job ended due to COVIDender | -19 Viru | S | | | | |
| | | | | | | | |

Case 20-31117 Doc 1 Filed 04/17/20 Entered 04/17/20 18:39:59 Desc Main Document Page 34 of 55

| F | ill in this inform | nation to identi | fy your case: | | | Oh a | :£41.:. | . : | | |
|-----|----------------------|------------------------------|--|-------------------|--|---------|------------|------------------|-----------------------------|----------|
| | Debtor 1 | COLETTE | М | BREI" | TED | l | ck if this | ended filing | | |
| | Debior 1 | First Name | Middle Name | Last Na | | | | lement showing | postpetition | |
| | Debtor 2 | | | | | | | r 13 expenses as | | |
| | (Spouse, if filing) | First Name | Middle Name | Last Na | me | | followin | ng date: | | |
| | United States Bankr | uptcy Court for the | DISTRICT OF | MINNESOT | Α | | MM / D | D / YYYY | _ | |
| | Case number | | | | | | | | | |
| | (if known) | | | | |] | | | | |
| _ | fficial Form 10 | | _ | | | | | | 40 | 14 F |
| | chedule J: Yo | | | | | | | | 12/ | 15 |
| | | | | | ing together, both ar his form. On the top | | | | | |
| | me and case number | | | | | | , | p . | , | |
| | Part 1: Descri | be Your House | hold | | | | | | | |
| 1. | Is this a joint case | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | | | | | |
| • | | | | | | | | | | |
| | No. Go to line | e 2. ebtor 2 live in a se | anarata hausahala | 12 | | | | | | |
| | ☐ Test Does D | ebioi 2 live ili a se | sparate nousenoic | | | | | | | |
| | _ | s. Debtor 2 must fil | e Official Form 106 | J-2, Expenses | s for Separate Housel | nold of | f Debtor | 2. | | |
| 2. | Do you have depe | endents? | No | | | | | | | |
| | Do not list Debtor | | Yes. Fill out this i | | Dependent's relation Debtor 1 or Debtor | | p to | Dependent's | Does depende live with you? | |
| | Debtor 2. | i and | for each depende | nt | Debior 1 of Debior | | | age | □ No | |
| | Do not state the de | enendents' | | | - | | | | - 📙 Yes | |
| | names. | pondento | | | | | | | No No | |
| | | | | | | | | | - ☐ Yes ☐ No | |
| | | | | | | | | | Yes | |
| | | | | | | | | | □ No | |
| | | | | | - | | | | Yes | |
| | | | | | - | | | | □ No - □ Yes | |
| 3. | Do your expenses | s includa | □ No | | | | | | П тез | |
| J. | expenses of peop | | ✓ No ✓ Yes | | | | | | | |
| | yourself and your | | | | | | | | | |
| | - 10 Full | | | | | | | | | |
| L | Part 2: Estima | te Your Ongoi | ng Monthly Ex | penses | | | | | | |
| | | | | | re using this form as supplemental Scheo | | | | | |
| | form and fill in the | | bankiupicy is me | u. II tili3 i3 ti | Supplemental Oche | uuie o | , crieck | the box at the t | op oi | |
| Inc | clude expenses paid | I for with non-casl | h government ass | istance if you | know the value of | | | | | |
| su | ch assistance and h | nave included it or | Schedule I: Your | Income (Office | cial Form 106l.) | | | Your expens | es | |
| 4. | | ne ownership expe | | | | | 4 | 4 | \$725.0 | <u>0</u> |
| | If not included in | line 4: | | | | | | | | |
| | 4a. Real estate ta | axes | | | | | 4 | 4a | | |
| | 4b. Property, hom | neowner's, or renter | r's insurance | | | | 4 | 4b | | |
| | 4c. Home mainte | nance, repair, and | upkeep expenses | | | | 4 | 4c | \$260.0 | 0 |
| | 4d Hamaaumarla | association or con | dominium duos | | | | | | | |

Case 20-31117 Doc 1 Filed 04/17/20 Entered 04/17/20 18:39:59 Desc Main Document Page 35 of 55

| Deb | otor 1 COLETTE M BREITER | Case number (if known) | |
|-----|---|------------------------|----------|
| | | Your expens | es |
| 5. | Additional mortgage payments for your residence, such as home equity loans | 5 | |
| 6. | Utilities: | | |
| | 6a. Electricity, heat, natural gas | 6a | \$265.00 |
| | 6b. Water, sewer, garbage collection | 6b | \$100.00 |
| | 6c. Telephone, cell phone, Internet, satellite, and cable services | 6c | \$143.00 |
| | 6d. Other. Specify: | 6d. | |
| 7. | Food and housekeeping supplies | | \$600.00 |
| 8. | Childcare and children's education costs | 8. | <u> </u> |
| 9. | Clothing, laundry, and dry cleaning | 9. | \$100.00 |
| 10. | Personal care products and services | 10. | \$120.00 |
| 11. | Medical and dental expenses | 11. | \$250.00 |
| 12. | Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. | 12. | \$80.00 |
| 13. | Entertainment, clubs, recreation, newspapers, magazines, and books | 13. | \$50.00 |
| 14. | Charitable contributions and religious donations | 14. | \$20.00 |
| 15. | Insurance. Do not include incurance deducted from your pay or included in lines 4 or 20 | | |
| | Do not include insurance deducted from your pay or included in lines 4 or 20. | 150 | |
| | 15a. Life insurance | | |
| | 15b. Health insurance | 15b | £405.00 |
| | 15c. Vehicle insurance | 15c | \$105.00 |
| 16 | 15d. Other insurance. Specify: Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. | 15d | |
| 10. | Specify: | 16. | |
| 17. | Installment or lease payments: | | |
| | 17a. Car payments for Vehicle 1 NON FILING SPOUSE TOYOTA | 17a | \$377.00 |
| | 17b. Car payments for Vehicle 2 | 17b | |
| | 17c. Other. Specify: | 17c. | |
| | 17d. Other. Specify: | 4= 1 | |
| 18. | Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). | 18. | |
| 19. | Other payments you make to support others who do not live with you. Specify: | 19. | |

Case 20-31117 Doc 1 Filed 04/17/20 Entered 04/17/20 18:39:59 Desc Main Document Page 36 of 55

| Deb | tor 1 | COLETTE M BREITER | Case number (if known | 1) | |
|--------------------------------------|-------|---|-----------------------|------------|--|
| 20. | | r real property expenses not included in lines 4 or 5 of this form or on dule I: Your Income. | | | |
| | 20a. | Mortgages on other property | 20a. | | |
| | 20b. | Real estate taxes | 20b. | | |
| | 20c. | Property, homeowner's, or renter's insurance | 20c. | | |
| | 20d. | Maintenance, repair, and upkeep expenses | 20d. | | |
| | 20e. | Homeowner's association or condominium dues | 20e. | | |
| 21. | Other | r. Specify: See continuation sheet | 21. | \$280.00 | |
| 22. Calculate your monthly expenses. | | | | | |
| | 22a. | Add lines 4 through 21. | 22a. | \$3,475.00 | |
| | 22b. | Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2. | 22b. | | |
| | 22c. | Add line 22a and 22b. The result is your monthly expenses. | 22c. | \$3,475.00 | |
| 23. | Calcı | Calculate your monthly net income. | | | |
| | 23a. | Copy line 12 (your combined monthly income) from Schedule I. | 23a. | \$3,159.00 | |
| | 23b. | Copy your monthly expenses from line 22c above. | 23b. _ | \$3,475.00 | |
| | 23c. | Subtract your monthly expenses from your monthly income. The result is your monthly net income. | 23c. | (\$316.00) | |
| 24. | Do yo | o you expect an increase or decrease in your expenses within the year after you file this form? | | | |
| | | For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage? | | | |
| | ✓ No. | | | | |
| | | Yes. Explain here: None. | | | |
| | | | | | |
| | | | | | |

Case 20-31117 Doc 1 Filed 04/17/20 Entered 04/17/20 18:39:59 Desc Main Document Page 37 of 55

| Debtor 1 | COLETTE M BREITER | Case number (if know | m) |
|-----------|--------------------------------------|----------------------|----------|
| 21. Other | r. Specify: | | |
| Land | Maintenance | | \$100.00 |
| Sept | tic Maintenance and of septic system | | \$100.00 |
| Dog | food and vet | | \$25.00 |
| Post | tage | | \$5.00 |
| Holic | day and gifts | | \$50.00 |
| | | Total: | \$280.00 |

Case 20-31117 Doc 1 Filed 04/17/20 Entered 04/17/20 18:39:59 Desc Main Document Page 38 of 55

| Fill in this inf | ormation to i | dentify your case | : | |
|---------------------------------|-----------------------|---------------------------|----------------------|--|
| Debtor 1 | COLETTE First Name | M Middle Name | BREITER Last Name | |
| Debtor 2 (Spouse, if filing) | | Middle Name | Last Name | |
| , , , | | r the: DISTRICT OF | | |
| Case number | | <u> </u> | | |
| (if known) | | | | |
| Official Form | 106Sum | | | |

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

Part 1: **Summarize Your Assets** Your assets Value of what you own Schedule A/B: Property (Official Form 106A/B) \$111,000.00 1a. Copy line 55, Total real estate, from Schedule A/B..... \$4,234.00 1b. Copy line 62, Total personal property, from Schedule A/B..... \$115,234.00 1c. Copy line 63, Total of all property on Schedule A/B..... **Summarize Your Liabilities** Part 2: Your liabilities Amount you owe Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) \$9,000.00 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D..... Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) \$0.00 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F...... \$31,072.77 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F...... \$40,072.77 Your total liabilities Part 3: **Summarize Your Income and Expenses** Schedule I: Your Income (Official Form 106I) \$3,159.00 Copy your combined monthly income from line 12 of Schedule I..... Schedule J: Your Expenses (Official Form 106J) \$3,475.00 Copy your monthly expenses from line 22c of Schedule J.....

Case 20-31117 Doc 1 Filed 04/17/20 Entered 04/17/20 18:39:59 Desc Main Document Page 39 of 55

| Del | otor 1 | COLETTE M BREITER Case no | umbe | er (if known) | |
|-----|---|--|--------|--|--|
| Р | art 4: | Answer These Questions for Administrative and Statistical Re | core | ds | |
| 6. | Are yo | ou filing for bankruptcy under Chapters 7, 11, or 13? | | | |
| | | You have nothing to report on this part of the form. Check this box and submit thies | s for | rm to the court with your other schedules. | |
| 7. | What I | kind of debt do you have? | | | |
| | <u> </u> | our debts are primarily consumer debts. Consumer debts are those "incurred by amily, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical pu | | | |
| | | our debts are not primarily consumer debts. You have nothing to report on this pairs form to the court with your other schedules. | art of | f the form. Check this box and submit | |
| 8. | From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14. \$3,616.5 | | | | |
| 9. | Copy t | the following special categories of claims from Part 4, line 6 of Schedule E/F: | | | |
| | | | | Total claim | |
| | From I | Part 4 on Schedule E/F, copy the following: | | | |
| | 9a. D | omestic support obligations. (Copy line 6a.) | | \$0.00 | |
| | 9b. Ta | axes and certain other debts you owe the government. (Copy line 6b.) | | \$0.00 | |
| | 9c. C | laims for death or personal injury while you were intoxicated. (Copy line 6c.) | | \$0.00 | |
| | 9d. S | tudent loans. (Copy line 6f.) | | \$0.00 | |
| | | bligations arising out of a separation agreement or divorce that you did not report as riority claims. (Copy line 6g.) | | \$0.00 | |
| | 9f. D | ebts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | + | ÷\$0.00_ | |

9g. Total. Add lines 9a through 9f.

\$0.00

Case 20-31117 Doc 1 Filed 04/17/20 Entered 04/17/20 18:39:59 Desc Main Document Page 40 of 55

| | | Doo | ument Page 4 | 40 of 55 |
|-------------------------------------|-----------------------|--|--------------------------|---|
| Fill in this inf | formation to i | dentify your case: | : | |
| Debtor 1 | COLETTE First Name | M Middle Name | BREITER Last Name | |
| Debtor 2 | | | | |
| (Spouse, if filing) |) First Name | Middle Name | Last Name | |
| United States Ba | nkruptcy Court fo | or the: DISTRICT OF I | MINNESOTA | |
| Case number (if known) | | | | Check if this is an amended filing |
| Official Form | 106Dec | | | |
| Declaration | About an I | ndividual Debt | or's Schedules | 12/15 |
| If two married pe | ople are filing to | gether, both are equal | ly responsible for suppl | lying correct information. |
| You must file this concealing prope | form whenever | you file bankruptcy so money or property by | chedules or amended so | chedules. Making a false statement, th a bankruptcy case can result in fines up to |
| Sig | gn Below | | | |
| Did you pay | or agree to pay | someone who is NOT | an attorney to help you | fill out bankruptcy forms? |
| ☑ No | | | | |
| ☐ Yes. N | ame of person | | | Attach Bankruptcy Petition Preparer's Notice, |

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

| X /s/ COLETTE M BREITER | x |
|-----------------------------------|-----------------------|
| COLETTE M BREITER, Debtor 1 | Signature of Debtor 2 |
| Date 04/17/2020 MM / DD / YYYY | Date MM / DD / YYYY |

Declaration, and Signature (Official Form 119).

Case 20-31117 Doc 1 Filed 04/17/20 Entered 04/17/20 18:39:59 Desc Main Document Page 41 of 55

| Ē | ill in this inf | ormation to ide | entify your ca | ise: | | | | |
|----------|--------------------------------------|---|------------------------------------|---|---|---------------|----------------------------------|--|
| | Debtor 1 | COLETTE | M | BREITER | 1 | | | |
| | Johton 2 | First Name | Middle Name | Last Name | | | | |
| | Debtor 2 Spouse, if filing) | First Name | Middle Name | Last Name | | | | |
| ر ا | Jnited States Bar | nkruptcy Court for the | he: DISTRICT | OF MINNESOTA | | | | |
| I | Case number | | | | | | ☐ Check if th | is is an |
| (| if known) | | | | | | amended f | |
| 0 | fficial Form | 107 | | | | | | |
| Si | tatement o | f Financial A | Affairs for I | ndividuals F | iling for Baı | nkruptcy | 1 | 04/19 |
| co yo | rrect informatio ur name and ca | on. If more space i | s needed, attac wn). Answer ev | arried people are fi h a separate sheet very question. al Status and W | to this form. On | the top of ar | • | |
| 1. | What is your ☑ Married ☐ Not marrie | current marital sta | itus? | | | | | |
| 2. | ☑ No | | - | re other than wher | - | ve now. | | |
| 3. | (Community p | | | spouse or legal ed e Arizona, California | • | | - | - |
| | ✓ No ☐ Yes. Mak | e sure you fill out S | Schedule H: Your | Codebtors (Official | Form 106H). | | | |
| F | Part 2: Exp | plain the Sourc | es of Your In | come | | | | |
| 4. | Fill in the total | amount of income | you received fro | from operating a b m all jobs and all bu that you receive tog | ısinesses, includin | g part-time a | ctivities. | llendar years? |
| | □ No ☑ Yes. Fill i | n the details. | | | | | | |
| | | | Deb | tor 1 | | Debt | or 2 | |
| | | | | es of income all that apply. | Gross income (before deduction and exclusions | | es of income all that apply. | Gross income (before deductions and exclusions |
| | | f the current year (for bankruptcy: | | ages, commissions, nuses, tips | \$4,315 | | ges, commissions, nuses, tips | |
| | | | □Op | erating a business | | Оре | erating a business | |
| Fo | r the last calend | dar year: | | ages, commissions, nuses, tips | \$4,000 | | ges, commissions, nuses, tips | |
| (Ja | anuary 1 to Dece | ember 31, 2019) YYYY | | erating a business | | | erating a business | |
| Fo | r the calendar y | vear before that: | | ages, commissions, nuses, tips | | | ges, commissions, nuses, tips | |
| (Ja | anuary 1 to Dece | mber 31, <u>2018</u>) | | erating a business | | | erating a business | |

Case 20-31117 Doc 1 Filed 04/17/20 Entered 04/17/20 18:39:59 Desc Main Document Page 42 of 55

| Debt | or 1 COLETTE M BREITER | | Case nui | mber (if known) | |
|------|---|---|--|---|--|
| | Did you receive any other income dur Include income regardless of whether th unemployment; and other public benefit and gambling and lottery winnings. If yo Debtor 1. List each source and the gross income f | at income is taxable. Exam payments; pensions; rental ou are in a joint case and yo | ples of other income are income; interest; dividen u have income that you re | alimony; child support; S ds; money collected from eceived together, list it or | lawsuits; royalties; |
| | □ No ☑ Yes. Fill in the details. | , | | | |
| | | Debtor 1 | | Debtor 2 | |
| | | Sources of income Describe below. | Gross income from each source (before deductions and exclusions | Sources of income Describe below. | Gross income from each source (before deductions and exclusions |
| | n January 1 of the current year until date you filed for bankruptcy: | Taxable Pension | \$3,477.00 | | |
| | the last calendar year: uary 1 to December 31, 2019 | Social Secuity | \$13,680.00 | | |
| | the calendar year before that: uary 1 to December 31, 2018) | Social Secuity | \$13,308.00 | | |
| | TTTT | | | | |

Case 20-31117 Doc 1 Filed 04/17/20 Entered 04/17/20 18:39:59 Desc Main Document Page 43 of 55

| Deb | otor 1 | COLETTE | M BREITE | R | | | Case number (if kno | wn) |
|---------------------|-------------------------------------|--|--|--|---|---|--|---|
| P | art 3: | List Ce | rtain Paym | ents You Ma | de Before Y | ou Filed for Ba | nkruptcy | |
| 3. | | | | 2's debts prima | | | | |
| | □ No. | | | • | • | ner debts. Consur ly, or household pu | | d in 11 U.S.C. § 101(8) as |
| | | During tl | he 90 days bet | fore you filed for | bankruptcy, did | you pay any credit | or a total of \$6,825* | or more? |
| | | □ No. | Go to line 7. | | | | | |
| | | Yes. | total amount | you paid that cre | ditor. Do not in | clude payments for | nore in one or more domestic support o attorney for this ban | bligations, such as |
| | | * Subjec | t to adjustmen | it on 4/01/22 and | every 3 years a | after that for cases | filed on or after the | date of adjustment. |
| | √ Yes. | . Debtor | 1 or Debtor 2 | or both have pri | marily consum | ner debts. | | |
| | | | | • | • | | or a total of \$600 or | more? |
| | | □ No | Go to line 7. | | | | | |
| | | ▼ Yes. | creditor. Do | not include paym | ents for domest to an attorney Dates of | tic support obligation for this bankruptcy Total amount | Amount you | |
| -: | ot Donk | of Divo E | a utla | | payment | paid | still owe | Mortango |
| | ditor's name | of Blue E | artn | | | \$2,385.00 | \$9,000.00 | _ ☑ Mortgage ☐ Car |
| | Box 40 | | | | March 2020 - Feb 2020 | | | Credit card |
| Nun | nber Stre | et | | | Jan 2020 | | | Loan repayment |
| | | | | | - | | | Suppliers or vendors |
| ΒΙ υ City | ie Earth | | MN State | 56013 ZIP Code | - | | | Other |
| 7. | Insiders corporat agent, in such as | include yo ions of whi icluding on child suppo . List all pa | ur relatives; ar ch you are an e for a busines ort and alimon | ny general partne officer, director, p ss you operate as y. insider. | rs; relatives of a person in contro s a sole propriet | any general partne il, or owner of 20% or. 11 U.S.C. § 10 | rs; partnerships of w or more of their voti 1. Include payment | e who was an insider? hich you are a general partner; ng securities; and any managing s for domestic support obligations |
| ο. | benefite | d an insid | er? | nteed or cosigne | | | ansier any propert | , on account of a dept that |
| | ☑ No □ Yes | l ist all na | avments that b | enefited an inside | er | | | |

Case 20-31117 Doc 1 Filed 04/17/20 Entered 04/17/20 18:39:59 Desc Main Document Page 44 of 55

| Deb | tor 1 | COLETTE M BREITER | Case number (if known) |
|-----|----------------------|--|--|
| Pa | art 4: | Identify Legal Actions, Repossessions, and Foreclosur | es |
| 9. | List all s | I year before you filed for bankruptcy, were you a party in any lawsuit such matters, including personal injury cases, small claims actions, divorcentions, and contract disputes. | • |
| | ✓ No ☐ Yes | . Fill in the details. | |
| 10. | seized, | I year before you filed for bankruptcy, was any of your property repos or levied? Ill that apply and fill in the details below. | sessed, foreclosed, garnished, attached, |
| | <u> </u> | Go to line 11. Fill in the information below. | |
| 11. | | 90 days before you filed for bankruptcy, did any creditor, including a b s from your accounts or refuse to make a payment because you owed | · · · · · · · · · · · · · · · · · · · |
| | ✓ No ☐ Yes | . Fill in the details. | |
| 12. | | l year before you filed for bankruptcy, was any of your property in the s, a court-appointed receiver, a custodian, or another official? | possession of an assignee for the benefit of |
| | ✓ No ☐ Yes | | |
| P | art 5: | List Certain Gifts and Contributions | |
| 13. | Within 2 | 2 years before you filed for bankruptcy, did you give any gifts with a to | otal value of more than \$600 per person? |
| | ✓ No ☐ Yes | . Fill in the details for each gift. | |
| 14. | Within 2 to any o | 2 years before you filed for bankruptcy, did you give any gifts or contreharity? | ibutions with a total value of more than \$600 |
| | ✓ No ☐ Yes | . Fill in the details for each gift or contribution. | |
| Pa | art 6: | List Certain Losses | |
| 15. | | l year before you filed for bankruptcy or since you filed for bankruptc saster, or gambling? | y, did you lose anything because of theft, fire, |
| | ✓ No ☐ Yes | . Fill in the details. | |

Case 20-31117 Doc 1 Filed 04/17/20 Entered 04/17/20 18:39:59 Desc Main Document Page 45 of 55

| Deb | otor 1 | COLETTE | M BRE | EITER | | Case number (if | known) | |
|------|---------------|------------------|-------------|-----------------------|--|--|---|-------------------|
| Р | art 7: | List Cer | tain P | ayments or | Transfers | | | |
| 16. | | - | - | | uptcy, did you or anyone inkruptcy or preparing a | else acting on your behalf pay bankruptcy petition? | or transfer any pro | perty to |
| | Include | any attorney | s, bankı | ruptcy petition | preparers, or credit counse | eling agencies for services requi | red for your bankrupt | су. |
| | □ No ☑ Yes | s. Fill in the o | details. | | | | | |
| | | Law Office |) | | Description and value | of any property transferred | Date payment or transfer was made | Amount of payment |
| | son Who W | | | | | | | ¢4 500 00 |
| Num | | Second St eet | | | _ | | 03/29/2020 | \$1,500.00 |
| PO | Box 35 | 44 | | | <u> </u> | | | |
| Ma | nkoto | | MAI | E6001 | | | | |
| City | nkato | | MN State | 56001 ZIP Code | _ | | | |
| F | il an wahait | to address | | | _ | | | |
| Ema | ail or websit | le address | | | | | | |
| Pers | on Who M | lade the Payme | ent, if Not | You | _ | | | |
| 17. | | | | | | else acting on your behalf pay make payments to your credit | | perty to |
| | Do not i | nclude any p | ayment | or transfer tha | t you listed on line 16. | | | |
| | ✓ No ☐ Yes | s. Fill in the o | details. | | | | | |
| 18. | | - | • | | ruptcy, did you sell, trade rse of your business or f | e, or otherwise transfer any pro inancial affairs? | operty to anyone, ot | her than |
| | | Ū | | | rs made as security (such have already listed on this | as granting of a security interest statement. | or mortgage on your | property). |
| | ☑ No □ Yes | s. Fill in the o | details. | | | | | |
| 19. | | - | - | | kruptcy, did you transfer n called asset-protection d | any property to a self-settled (evices.) | trust or similar devic | e of which |
| | ✓ No ☐ Yes | s. Fill in the o | details. | | | | | |

Case 20-31117 Doc 1 Filed 04/17/20 Entered 04/17/20 18:39:59 Desc Main Document Page 46 of 55

| Deb | otor 1 | COLETTE M BREITER | Case number (if known) |
|--------------|---------------------|--|--|
| Ρ | art 8: | List Certain Financial Accounts, Instruments, Safe Depo | osit Boxes, and Storage Units |
| 20. | benefit, Include | year before you filed for bankruptcy, were any financial accounts or i closed, sold, moved, or transferred? checking, savings, money market, or other financial accounts; certificates opension funds, cooperatives, associations, and other financial institutions. | |
| | ☑ No ☐ Yes | . Fill in the details. | |
| 21. | - | now have, or did you have within 1 year before you filed for bankruptc ırities, cash, or other valuables? | y, any safe deposit box or other depository |
| | ☑ No □ Yes | . Fill in the details. | |
| 22. | ☑ No | ou stored property in a storage unit or place other than your home with . Fill in the details. | in 1 year before you filed for bankruptcy? |
| P | art 9: | Identify Property You Hold or Control for Someone Else | |
| 23. | - | hold or control any property that someone else owns? Include any prin trust for someone. | operty you borrowed from, are storing for, |
| | ✓ No ☐ Yes | . Fill in the details. | |
| Р | art 10: | Give Details About Environmental Information | |
| For | the purp | ose of Part 10, the following definitions apply: | |
| | hazardou | nental law means any federal, state, or local statute or regulation conc s or toxic substance, wastes, or material into the air, land, soil, surfac statutes or regulations controlling the cleanup of these substances, w | e water, groundwater, or other medium, |
| | | ns any location, facility, or property as defined under any environment or used to own, operate, or utilize it, including disposal sites. | al law, whether you now own, operate, or |
| | | s material means anything an environmental law defines as a hazardo e, hazardous material, pollutant, contaminant, or similar item. | us waste, hazardous substance, toxic |
| Rep | ort all no | otices, releases, and proceedings that you know about, regardless of w | hen they occurred. |
| 24. | Has any law? | governmental unit notified you that you may be liable or potentially lia | able under or in violation of an environmental |
| 25 | ш | . Fill in the details. | 2 |
| ∠ IJ. | ☑ No | ou notified any governmental unit of any release of hazardous material. Fill in the details. | : |

Case 20-31117 Doc 1 Filed 04/17/20 Entered 04/17/20 18:39:59 Desc Main Document Page 47 of 55

| Deb | otor 1 | COLETTE M BREITER | | Case number (if known) | |
|---------------------|-------------------------------|---|--|---|--------|
| 26. | Have order | | or administrative proceeding u | nder any environmental law? Include settlements and | |
| | ☑ N | No /es. Fill in the details. | | | |
| P | art 11 | Give Details About You | ur Business or Connectio | ns to Any Business | |
| 27. | | in 4 years before you filed for baness? | nkruptcy, did you own a busine | ess or have any of the following connections to any | |
| | i | _ | company (LLC) or limited liability ng executive of a corporation | | |
| | | No. None of the above applies. Go es. Check all that apply above an | | business. | |
| 28. | | in 2 years before you filed for ba nancial institutions, creditors, or | | al statement to anyone about your business? Include | |
| | ш | No 'es. Fill in the details below. | | | |
| Р | art 12 | 2: Sign Below | | | |
| that pro or b | t answe perty b poth. 1 | ers are true and correct. I under | rstand that making a false state nkruptcy case can result in fine | tachments, and I declare under penalty of perjury ment, concealing property, or obtaining money or s up to \$250,000, or imprisonment for up to 20 years, | |
| (| COLET | ITE M BREITER, Debtor 1 | Signature of Debi | or 2 | |
| ı | Date _ | 04/17/2020 | Date | | |
| Did | you at | ttach additional pages to Your S | tatement of Financial Affairs for | Individuals Filing for Bankruptcy (Official Form 107)? | |
| | No Yes | | | | |
| Did | you pa | ay or agree to pay someone who | o is not an attorney to help you | fill out bankruptcy forms? | |
| | | Name of person | | Attach the Bankruptcy Petition Preparer's No | otice, |
| _ | | | | Declaration, and Signature (Official Form 11) | 9). |

Case 20-31117 Doc 1 Filed 04/17/20 Entered 04/17/20 18:39:59 Desc Main Document Page 48 of 55

| Fill in this in | formation to id | lentify your case | | | |
|--------------------------------|--|--|---|---|---|
| Debtor 1 | COLETTE | M | BREITER | | |
| | First Name | Middle Name | Last Name | _ | |
| Debtor 2 (Spouse, if filing |) First Name | Middle Name | Last Name | - | |
| United States Ba | ankruptcy Court for | the: DISTRICT OF | MINNESOTA | _ | |
| Case number (if known) | | | | | Check if this is an amended filing |
| Official Form | n 108 | | | | |
| | | for Individuals | s Filing Under Chap | oter 7 | 12/15 |
| If you are an indi | vidual filing under | chapter 7, you mus | t fill out this form if: | | |
| _ | | by your property, or | | | |
| ■ you have leas | ed personal prope | erty and the lease ha | s not expired. | | |
| | chever is earlier, u | - | ter you file your bankruptcy nds the time for cause. You | • | _ |
| • | ople are filing tog st sign and date tl | - | both are equally responsible | e for supplying correct i | nformation. |
| - | - | ossible. If more spac and case number (if | ce is needed, attach a separa known). | ate sheet to this form. O | n the top of any |
| Part 1: Lis | st Your Credito | ors Who Hold Sec | cured Claims | | |
| | ditors that you list ormation below. | ed in Part 1 of Sched | dule D: Creditors Who Hold | Claims Secured by Prop | erty (Official Form 106D), |
| Identify the | creditor and the p | roperty that is collate | eral What do you inte property that sec | end to do with the cures a debt? | Did you claim the property as exempt on Schedule C? |
| Creditor's name: | First Bank B | lue Earth | Surrender th | e property. roperty and redeem it. | □ No □ Yes |
| Description of property | |) | Reaffirmation | roperty and enter into a name and an arrow and [explain]: | _ |
| securing deb | t. | | Retain the pi | epony and lovbianij. | |
| Part 2: Lis | st Your Unexpi | red Personal Pro | operty Leases | | |
| fill in the informa | tion below. Do no | ot list real estate leas | ted in Schedule G: Executor tes. Unexpired leases are le operty lease if the trustee do | ases that are still in effe | |
| Describe yo | ur unexpired pers | onal property leases | ; | | Will this lease be assumed? |

None.

Case 20-31117 Doc 1 Filed 04/17/20 Entered 04/17/20 18:39:59 Desc Main Document Page 49 of 55

| Debtor 1 | COLETTE M BREITER | Case number (if known) |
|-----------|---|---|
| Part 3: | Sign Below | |
| | penalty of perjury, I declare that I l al property that is subject to an u | have indicated my intention about any property of my estate that secures a debt and nexpired lease. |
| X /s/ COL | LETTE M BREITER | X |
| COLET | TE M BREITER, Debtor 1 | Signature of Debtor 2 |
| Date 0 | 4/17/2020 | Date |
| N | MM / DD / YYYY | MM / DD / YYYY |

AEO/SYNCHRONY BANK PO BOX 960013 ORLANDO FL 32896-0013

AVANT LLC PO BOX 1429 CAROL STREAM IL 60132-1429

CAPITOL ONE PO BOX 6492 CAROL STREAM IL 60197-6492

CAPITOL ONE PO BOX 60599 CITY OF INDUSTRY CA 91716-0599

CAPITOL ONE PO BOX 4069 CAROL STREAM IL 60197-4069

COMENITY - HERBERGERS PO BOX 659813 SAN ANTONIO TX 78265-9113

COMENITY - SEPHORA PO BOX 65980 SAN ANTONIO TX 78265-9113

COMENITY - THE BUCKLE PO BOX 659704 SAN ANTONIO TX 78265-9704

CREDIT ONE BANK PO BOX 60500 CITY OF INDUSTRY CA 91716-0500 FIRST BANK BLUE EARTH PO BOX 40 BLUE EARTH MN 56013

FIRST BANK CARD PO BOX 2557 OMAHA NE 68103-2557

FIRST PREMIER BANK PO BOX 5529 SOUIX FALLS SD 57117-5529

HOME DEPOT CREDIT SERVICES PO BOX 78001 PHOENIXAZ 85062-8011

KOHL'S PAYMENT CENTER PO BOX 2983 MILWAUKEE WI 53201-2983

MAURICES CAPITOL ONE PO BOX 4144 CAROL STREAM IL 60197-4144

QCCARD/SYNCHRONY BANK PO BOX 530905 ATLANTA GA 30353-0905

SYNCHRONY BANK / AMAZON PO BOX 960013 ORLANDO FL 32896-0013

SYNCHRONY BANK / JCP PO BOX 960090 ORLANDO FL 32896-0090 TARGET CARD SERVICES PO BOX 660170 DALLAS TX 75266-0170

WELLS FARGO PO BOX 77053 MINNEAPOLIS MN 55480-7753

Case 20-31117 Doc 1 Filed 04/17/20 Entered 04/17/20 18:39:59 Desc Main Document Page 53 of 55

| Fill in this information to identify your case: | | | | Check one box only as directed in th | |
|---|-----------------------|-------------------------|----------------------|--|--|
| Debtor 1 | COLETTE First Name | M Middle Name | BREITER Last Name | form and in Form 122A-1Supp: | |
| Debtor 2 (Spouse, if filing) | First Name | Middle Name | Last Name | 2. The calculation to determine if a presumpt of abuse applies will be made under Chapt | |
| United States Bankruptcy Court for the: DISTRICT OF MINNESOTA Case number (if known) | | | | Means Test Calculation (Official Form 1: 3. The Means Test does not apply now beconf qualified military service but it could a later. | |
| (11 14.10 14.1) | | | | Check if this is an amended filing | |

Chapter 7 Statement of Your Current Monthly Income

12/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known). If you believe that you are exempted from a presumption of abuse because you do not have primarily consumer debts or because of qualifying military service, complete and file Statement of Exemption from Presumption of Abuse Under § 707(b)(2) (Official Form 122A-1Supp) with this form.

Part 1: Calculate Your Current Monthly Income

- 1. What is your marital and filing status? Check one only.
 - Not married. Fill out Column A, lines 2-11.
 - Married and your spouse is filing with you. Fill out both Columns A and B, lines 2-11.
 - Married and your spouse is NOT filing with you. You and your spouse are:

your dependents, parents, and roommates. Include regular contributions from a spouse only if Column B is not filled in. Do not include payments you listed

- Living in the same household and are not legally separated. Fill out both Columns A and B, lines 2-11.
- Living separately or are legally separated. Fill out Column A, lines 2-11; do not fill out Column B. By checking this box, you declare under penalty of perjury that you and your spouse are legally separated under nonbankruptcy law that applies or that you and your spouse are living apart for reasons that do not include evading the Means Test requirements. 11 U.S.C. § 707(b)(7)(B).

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

Column A

Column B

Debtor 1 Debtor 2 or non-filing spouse Your gross wages, salary, tips, bonuses, overtime, and commissions \$0.00 \$457.50 (before all payroll deductions). Alimony and maintenance payments. Do not include payments from a spouse \$0.00 \$0.00 if Column B is filled in. All amounts from any source which are regularly paid for household \$2,000.00 \$0.00 expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household,

on line 3.

Case 20-31117 Doc 1 Filed 04/17/20 Entered 04/17/20 18:39:59 Desc Main Document Page 54 of 55

| Debtor 1 COLETTE M BREITER | | | c | ase number (if k | nown) |
|--|---|---|----------|--------------------|---|
| | | | | Column A Debtor 1 | Column B Debtor 2 or non-filing spouse |
| . Net income from operating a busine | ess, profession, | or farm | | | |
| | Debtor 1 | Debtor 2 | | | |
| Gross receipts (before all deductions) | \$0.00 | \$0.00 | | | |
| Ordinary and necessary operating expenses | \$0.00 | \$0.00 | Сору | | |
| Net monthly income from a business, profession, or farm | \$0.00 | \$0.00 | here → | \$0.00 | \$0.00 |
| . Net income from rental and other re | eal property | | | | |
| | Debtor 1 | Debtor 2 | | | |
| Gross receipts (before all deductions) | \$0.00 | \$0.00 | | | |
| Ordinary and necessary operating expenses | \$0.00 | \$0.00 | Сору | | |
| Net monthly income from rental or other real property | \$0.00 | \$0.00 | here → | \$0.00 | \$0.00 |
| . Interest, dividends, and royalties | | | | \$0.00 | \$0.00 |
| . Unemployment compensation | | | | \$0.00 | \$0.00 |
| For your spouse | | | | | |
| was a benefit under the Social Securi next sentence, do not include any cor allowance paid by the United States 0 disability, combat-related injury or dis uniformed services. If you received a of title 10, then include that pay only t amount of retired pay to which you wo under any provision of title 10 other th | ity Act. Also, exc impensation, pens Government in co ability, or death o any retired pay pa to extent that it do buld otherwise be | ept as stated in the sion, pay, annuity, or innection with a of a member of the nid under chapter 61 pes not exceed the entitled if retired | | \$0.00 | \$1,159.00 |
| O. Income from all other sources not I amount. Do not include any benefits payments received as a victim of a winternational or domestic terrorism; or allowance paid by the United State disability, combat-related injury or dis uniformed services. If necessary, list and put the total below. | received under the ar crime, a crime, compensation, pass Government in ability, or death o | ne Social Security A against humanity, o pension, pay, annuity connection with a of a member of the | ct; r | | |
| Total amounts from separate pages, i | if any. | | <u> </u> | | + |

Case 20-31117 Doc 1 Filed 04/17/20 Entered 04/17/20 18:39:59 Desc Main Document Page 55 of 55

| Deb | or 1 COLETTE M BREITER | Case number (if known) | | | | |
|-----|--|----------------------------------|---|--|--|--|
| | Calculate your total current monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to th | | Column A Debtor 1 Debtor 2 or non-filing spouse \$2,000.00 + \$1,616.50 Total current monthly income | | | |
| | | • | | | | |
| 12. | Calculate your current monthly income for the your 12a. Copy your total current monthly income from | · | Copy line 11 here - 12a \$3,616.50 | | | |
| | | | X 12 | | | |
| | Multiply by 12 (the number of months in a year 12b. The result is your annual income for this part | , | 12b. \$43,398.00 | | | |
| | 125. The result is your armaar meetine for this part | of the form. | 120. | | | |
| 13. | Calculate the median family income that applies | to you. Follow these steps: | | | | |
| | Fill in the state in which you live. | Minnesota | | | | |
| | Fill in the number of people in your household. | 2 | | | | |
| | Fill in the median family income for your state and s | size of household | 13. \$77,702.00 | | | |
| | To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office. | | | | | |
| 14. | How do the lines compare? | | | | | |
| | 14a. Line 12b is less than or equal to line 13. On the top of page 1, check box 1, There is no presumption of abuse. Go to Part 3. Do NOT fill out or file Official Form 122A-2. | | | | | |
| | 14b. Line 12b is more than line 13. On the top of page 1, check box 2, <i>The presumption of abuse is determined by Form 122A-2</i> . Go to Part 3 and fill out Form 122A-2. | | | | | |
| Pa | art 3: Sign Below | | | | | |
| | By signing here, I declare under penalty of perjury | that the information on this sta | atement and in any attachments is true and correct. | | | |
| | X /s/ COLETTE M BREITER X | | | | | |
| | COLETTE M BREITER, Debtor 1 | Signa | ature of Debtor 2 | | | |
| | Date 4/17/2020 MM / DD / YYYY | Date_ | MM / DD / YYYY | | | |
| | If you checked line 14a, do NOT fill out or file Form 122A-2. | | | | | |

If you checked line 14b, fill out Form 122A-2 and file it with this form.